

**RHODE ISLAND GOVERNMENT REGISTER
PUBLIC NOTICE OF PROPOSED RULEMAKING**

DEPARTMENT OF HEALTH

Title of Rule: Emergency Medical Services

Rule Identifier: 216-RICR-20-10-2

Rulemaking Action: Proposed Adoption

Important Dates:

Date of Public Notice: 08/31/2018

Hearing Date: 09/21/2018

End of Public Comment: 10/05/2018

Authority for this Rulemaking:

R.I. Gen. Laws § § 23-4.1-10(B)

Summary of Rulemaking Action:

The Rhode Island Department of Health is proposing rulemaking to reduce definitions to those utilized in the regulations, create Emergency Medical Responder and Advanced EMT as license types, revise EMS/EMS instructor licensure requirements, amend ambulance service and ambulance vehicle license class designations and requirements, create licensing requirements for EMS training institutions, and create minimum equipment requirements for ambulance vehicles.

Additional Information and Comments:

All interested parties are invited to request additional information or submit written or oral comments concerning the proposed adoption until October 5, 2018 by contacting the appropriate party at the address listed below:

Paula Pullano
Department of Health
Paula.Pullano@health.ri.gov
3 Capitol Hill, Room 410
Providence, RI 02908-5097
Paula.Pullano@health.ri.gov

Public Hearing:

A public hearing, in accordance with R.I. Gen. Laws § 42-35-2.8, to consider the proposed adoption shall be held on September 21, 2018 at 10:00 am at Rhode Island Department of Health, Auditorium (Lower Level), 3 Capitol Hill, Providence, RI 02908 at which time and place all persons interested therein will be heard. The seating capacity of the room will be enforced and therefore the number of persons

participating in the hearing may be limited at any given time by the hearing officer, in order to comply with safety and fire codes.

The place of the public hearing is accessible to individuals who are handicapped. If communication assistance (readers/interpreters/captioners) is needed, or any other accommodation to ensure equal participation, please call 401-222-1042 or RI Relay 711 at least three (3) business days prior to the meeting so arrangements can be made to provide such assistance at no cost to the person requesting.

Regulatory Analysis Summary and Supporting Documentation:

In the development of the proposed amendment, consideration was given to: 1) alternative approaches; 2) overlap or duplication with other statutory and regulatory provisions; and 3) significant economic impact on small business. No alternative approach, duplication, or overlap was identified based on available information. RIDOH has determined that the benefits of the proposed rule justify the costs of the proposed rule. Please see the fiscal note furnished on the Secretary of State's website for information regarding the calculation of costs to the State of Rhode Island and cities, towns, and municipalities thereof.

For full regulatory analysis or supporting documentation see agency contact person above.

**STATE OF RHODE ISLAND
RHODE ISLAND DEPARTMENT OF HEALTH
CONCISE STATEMENT OF PROPOSED NON-TECHNICAL AMENDMENTS
(AMENDMENTS TO AN EXISTING REGULATION)**

In accordance with the Administrative Procedures Act, R.I. Gen. Laws § 42-35-3(a)(1), the following is a concise statement of proposed non-technical amendments to the rules and regulations for Emergency Medical Services (216-RICR-20-10-2).

Amendment Coordinates	Rationale/Summary of Change
§ 2.1: Creates Authority section.	
§ 2.2: Creates Incorporated Materials section.	
§ 2.3: Definitions revised, reduced from 47 definitions in previous regulations to 14 used within the proposed regulations.	
§ 2.4: Creates Confidentiality section.	
§ 2.5(A)(1): Creates Emergency Medical Responder (EMR) license type.	
§ 2.5(A)(3): Creates Advanced EMT (AEMT) as a license type.	
§ 2.5(B)(1)(d): Requires biometric background check which replaces state only check, due to influx of out-of-state applicants into the state.	
§ 2.5(B)(2): Creates initial license requirements for AEMT.	
§ 2.5(C)(2): Creates renewal requirements for EMR.	
§ 2.5(C)(3): Amends requirements for renewal of licensure for Emergency Medical Technician (EMT).	
§ 2.5(C)(4): Creates renewal requirements for AEMT.	
§ 2.5(C)(5): Amends requirements for renewal of AEMT-Cardiac.	
§ 2.5(D)(3): Reduces the time period in which a lapsed license may be renewed from 5 years to 2 years, in order to decrease the potential for atrophy of required skills.	
§ 2.5(E)(6): Requires submission of a valid email address to RIDOH licensing system and RI EMS Information system in order to receive essential communications from RIDOH.	
§ 2.5(F): Requires compliance with pre-employment requirements of rules and regulations for Immunization, Testing and Health Screening for Health Care Workers.	
§ 2.6(A)(1): Revises requirements for initial licensure, including removing requirement for teaching in an EMS program prior to taking an EMS Instructor-Coordinator (EMS IC) educational program.	
§ 2.6(C)(1): Requires EMS IC to accrue 10 hours of teaching activity per year.	

§ 2.6(D)(3): Reduces the time period in which a lapsed license may be renewed from 5 years to 2 years, in order to decrease the potential for atrophy of required skills.

§ 2.6(E)(1): References National EMS Education Standards incorporated by reference at § 2.2(B).

§ 2.7(A): Amends service license class designations.

§ 2.7(A)(3): Creates Class C: EMR.

§ 2.7(B)(4): Requires identification of the individual or individuals, which may include existing staff, who fulfill various administrative functions, including continuous quality improvement coordination and pediatric emergency care coordination.

§ 2.7(D)(1)(d): Creates requirement for maintaining equipment service records.

§ 2.7(D)(3)(c): Revises time frame for reporting to state data system, from the 15th of the following month to 2 hours after call is completed, in order to prevent loss or degradation of information submitted.

§ 2.7(E)(1): Creates requirement for maintenance of registration with RIDOH and USDEA for services that carry controlled substances.

§ 2.8(A): Revises classifications for licensure to provide additional options for ambulance services.

§ 2.8(C)(1): Requires newly manufactured ambulance vehicles to conform to the NFPA standard for automotive ambulances incorporated by reference at § 2.2(C).

§ 2.8(C)(5): Creates requirements for marking of ambulance vehicles.

§ 2.8(F)(1)(a)(2): Revises requirements for advanced life support transporting ambulances with volunteer staff, now requiring one advanced care practitioner and an EMR.

§ 2.9: This section was moved for consistency/understandability, but no requirements have been changed.

§ 2.10: Creates licensing requirements for EMS training institutions (previously a guidance document).

§ 2.12: Creates minimum equipment requirements for ambulance vehicles.

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Request Number:	Date Requested: May 30, 2018
Bill Number:	Date Due: June 8, 2018
Committee:	Date Received: May 30, 2018
Requested by: League of Cities and Towns	Date Returned:

Subject/Title: Emergency Medical Services Administrative Rule (216-RICR-20-10-2)

Facts/Assumptions for Basis of Estimate:

The proposed rule for emergency medical services (216-RICR-20-10-2) amends current ambulance services by adding such items as new requirements for additional administrative staff, licensing minimums and enhanced reporting requirements. Further, amendments to ambulance vehicle requirements include such items as new ambulance vehicle class designations, minimum equipment requirements for ambulance vehicles and standards for new ambulance vehicle purchases.

This local fiscal note has been prepared jointly by the Rhode Island Department of Health ("RIDOH") and the Division of Municipal Finance ("DMF") within the Department of Revenue.

Fiscal impact per municipality is typically calculated by dividing statewide fiscal impact among the 39 cities and towns, or by direct feedback from each municipality when surveyed by DMF. Any variance in fiscal impact when comparing DMF and RIDOH calculation is how the total statewide impact is divided [53 entities (RIDOH) vs. 39 municipalities (DMF)]. The fiscal impact to each municipality would be approximately \$23,300 when dividing the RIDOH calculated statewide impact of \$910,000 among the 39 municipalities or \$17,163 when divided among the 53 entities DOH references

Summary of Local Fiscal Effect (Statewide)

DMF conducted an analysis of the data provided by the RIDOH and the League of Cities and Towns (League). The data received from RIDOH estimated fiscal impact at approximately \$909,627 statewide or average municipal impact of \$23,324 for each fire district or municipal fire department that provides EMS services in each city or town.

Data provided by the League of Cities and Towns was obtained by surveying the membership for potential fiscal impact. The communities of Burrillville, Charlestown, Cranston, Johnston, Lincoln, Pawtucket, Providence, Smithfield, and Warren submitted comments regarding the impact of changes to these rules and regulations, primarily related to the cost of compliance. Fiscal information was also gathered from New England Fire Equipment and Apparatus in Connecticut, an independent vendor of fire equipment that is inclusive of ambulance vehicles.

Cost breakdown, as provided by the League of Cities and Towns, is estimated based on two areas of rescue services: Ambulance Services and Ambulance Vehicle Costs. Ambulance Services, in summary, consists of items such as advanced EMT (AEMT) license types, staff immunizations and health care screenings, written policies and procedures, new administrative functions, and ambulance service reporting requirements. Ambulance Vehicle Costs, in summary, consists of requirements that all new

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ambulance purchases adhere to 2016 NFPA standards as well as minimum equipment requirements for ambulance vehicles.

Ambulance Services are outlined in Sections 2.5 and 2.7 of the proposed regulations and are estimated between \$5,000 and \$147,000, depending on the municipality and the scope of services included in the estimate. Ambulance vehicle costs are outlined in Section 2.8 of the proposed regulations and are estimated between \$8,000 and \$165,000 per municipality. These costs are presented on an annual basis rather than a fiscal year basis because the impact could be a one-time cost OR be spread over one or more fiscal years and eventually become part of a fiscal budget going forward. *(Please note: these estimates are provided through feedback from municipalities that participated in a survey conducted by the League of Cities and Towns).*

DMF Analysis

Fiscal impact on cities and towns relating to the ambulance service portion of the rules and regulations ranged from a high of \$147,000 per position, if needed, for the city of Providence, (seven new job assignments within include an EMS Quality Improvement Coordinator, EMS General Coordinator, EMS Data Manager, EMS Inspection Contact, EMS Pediatric Emergency Care Coordinator and an EMS Training Coordinator), to a low of \$5,000 for the town of Smithfield. For example, the city of Pawtucket has six fire stations which provide rescue services. Proposed ambulance services were estimated by the Chief to cost between \$40,000 and \$50,000 or \$6,500 to \$8,500 per station or an average of \$7,500 per station.

Ambulance services are outlined in Sections 2.5 and 2.7 of the proposed rules and regulations and includes requirements such as advanced EMT (AEMT) license types, staff immunizations and health care screenings, written policies and procedures, new administrative functions as outlined in the previous paragraph, and ambulance service reporting requirements. The possibility of proposed administrative functions created under these regulations being performed by current staff is discussed in part #1 of RIDOH's analysis below.

There might be an opportunity that some of these proposed ambulance service administrative functions could be shared between adjacent municipalities, however, the coordination and reliability for coverage in order to properly conform to these regulations would have to be established and enforced by the participating departments/districts to ensure reliable public safety services.

Ambulance Vehicles are outlined in Section 2.8. and would require that all new ambulance purchases adhere to 2016 NFPA standards as well as minimum equipment requirements for ambulance vehicles. Fiscal impact for proposed ambulance vehicle modifications range from \$2,000 per vehicle for the city of Pawtucket to \$70,000 per vehicle for the town of Warren. New England Fire Equipment and Apparatus estimated additional costs for ambulance vehicles to be in the range of \$12,000 to \$15,000 per vehicle.

Ambulance vehicle costs to the city of Pawtucket were estimated at \$12,000 per vehicle, which is consistent with the New England Fire estimate of \$12,000 - \$15,000 per vehicle. The city of Providence estimated a total cost of \$165,000 for its 12 stations for the upgrade of ambulance vehicles to comply with the proposed regulations or a cost per station of \$15,000, which is also within the range of New England Fire's estimate.

To determine fiscal impact from these proposed EMS rules and regulations, calculations were based on the average cost to each municipal department and ambulance vehicle costs were estimated based on the number of rescue vehicles that service each city and town. Although some towns that have fire districts rather than municipal fire or rescue departments, would appear to have more significant fiscal impact, calculations were based purely on the number of rescue vehicles that service the municipality.

RIDOH Analysis

The costs to cities/towns/municipalities is broken down by applicable section as follows, with an **estimated total cost of \$909,626.60 annually**. With fifty-three (53) cities/towns/municipalities currently licensed as

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ambulance services, the **average cost per city/town/municipality is estimated at \$17,162.77**. The source of the difference between the thirty-nine (39) cities and towns utilized in DMF's calculations above, and the fifty-three (53) cities/towns/municipalities recognized by RIDOH in its analysis comes from those cities/towns/municipalities, including Burrillville, Coventry, Glocester, Hopkinton, Portsmouth, Scituate, and West Greenwich, which maintain more than one ambulance service.

For the proposed adoption of the Emergency Medical Services ("EMS") regulations (216-RICR-20-10-2), the majority of requirements are sourced from the current Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS), or standing protocols for emergency medical services contained within the R.I. Emergency Medical Services Ambulance and Ambulance Service Licensure and Inspection Manual that RIDOH is currently enforcing. Accordingly, the requirements that are currently being enforced are not expected to incur additional costs to entities regulated under the proposed rules.

The Rhode Island Ambulance Service Coordinating Advisory Board ("ASCAB") consists of representatives of the R.I. State Association of Fire Fighters, R.I. Association of Fire Chiefs, R.I. State Fireman's League, R.I. Hospital Association, R.I. Medical Society, the American College of Surgeons committee on trauma, the American College of Emergency Physicians, the American Academy of Pediatrics, the Emergency Room Nurses Association, and representatives from public ambulance services/fire department rescue squad units from Providence, Kent, Newport, Bristol, and Washington counties.

Starting in November 2016, the ASCAB reviewed proposed revisions to the regulatory requirements for emergency medical services, including the sections whose costs are outlined below. In December 2017, the ASCAB unanimously approved the revised EMS regulations to move forward in the regulatory process.

The provisions of the proposed regulations that are expected to incur additional costs include:

1. Ambulance Service Administrative Duties, § 2.7(B)(4)

This section requires various ambulance service administrative duties to be fulfilled. Of the duties listed in § 2.7(B)(4)(a) through (i), the majority are expected to already be provided for by existing ambulance service staff (such as the commanding fire captain). The two sections that, if staff are not already substantially fulfilling them, could incur additional costs include:

a. Quality Improvement Coordination, § 2.7(B)(4)(c)

This section requires continuous quality improvement coordination, such as review of emergency medical service run reports/inspections, and conducting quality improvement training.

- i. RIDOH expects that these duties will constitute two (2) work hours per week, or one hundred and four (104) work hours per year.
- ii. The estimated salary for a commanding EMS captain/coordinator (the individual most likely to fulfill this requirement) is \$100,000 per year, or \$54.95 per work hour (based on a 52 week work year and a 35 hour work week, or $(\$100,000/52)/35$).
- iii. Accordingly, the total annual cost of fulfilling this requirement is estimated to be \$5,714.80 (i.e. 104 work hours X \$54.95 per hour) per city/town licensee.
- iv. With fifty-three (53) cities/towns/municipalities as current licensees, the total annual cost is estimated to be **\$302,884.40**.

b. Pediatric Emergency Care Coordination, § 2.7(B)(4)(g)

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This section requires pediatric emergency care coordination, including training members of the service in the care of ill/injured children.

- i. RIDOH expects these duties will constitute one (1) work hour per week, or fifty-two (52) work hours per year.
- ii. These duties are expected to be fulfilled by a commanding EMS captain/coordinator, so the hourly work cost will use the same assumptions stated in #1(a)(ii) above, \$54.95.
- iii. Accordingly, the total annual cost of fulfilling this requirement is estimated to be \$2,857.40 (i.e. 52 work hours X \$54.95 per hour) per city/town licensee.
- iv. With fifty-three (53) cities/towns/municipalities as current licensees, the total annual cost is estimated to be **\$151,442.20**.

2. Ambulance Vehicle Requirements, § 2.8(C)(1)

This section requires that vehicles purchased after the effective date of the regulations (for the purposes of this analysis, estimated at 2018) must comply with the requirements of the National Fire Protection Agency ("NFPA") 1917 Standard for Automotive Ambulances, 2016 edition ("NFPA Ambulance Standard"). Remounted vehicles (i.e. those which have a used patient compartment mounted on a new cabin chassis) are considered to be a newly manufactured ambulance vehicle for the purpose of compliance with this section. Vehicles purchased/leased from other municipalities that were purchased prior to the effective date of the regulations will not be subject to the NFPA standard. The requirement for compliance with NFPA standards will apply to all new/remounted vehicles purchased after the effective date of the regulations, regardless of whether the vehicles are intended to be held as reserve vehicles.

The U.S. General Services Administration ("GSA") published the Federal Specification for Star-of-Life Ambulances (KKK-A-1822) (commonly referred to as the "K-Spec") in 1974 as a purchase specification for ambulance vehicles. Thereafter, the K-Spec became the de facto ambulance standard in the United States. However, in recent years the GSA has determined that it does not have technical expertise to implement the rapid updates to standards required, and therefore it will be discontinuing its maintenance of the K-Spec as a guide for ambulance vehicle safety.

Additionally, the U.S. Department of Transportation has been conducting crash testing of ambulance vehicles over the past few years. It was determined that current construction/equipment standards for ambulance vehicles were inadequate for ensuring protection of EMS professionals and patients being transported. Issues included the lack of security of gurneys/stretchers and medical equipment, such that when collisions occurred equipment (and gurney/stretcher occupants) became detached and caused massive injury, including ejection from vehicles. Additionally, it was found that sharp edges within the ambulance vehicle (such as cabinets for equipment) compounded this damage, leading to further risk of serious injuries and death.

Based on the GSA's termination of maintenance of the K-Spec, and the inadequacy of ambulance vehicle construction demonstrated by crash testing, the GSA approached the NFPA based upon its long history of developing industry standards for fire service. NFPA's technical committee that produced the NFPA Ambulance Standard included the participation of the National State Association of EMS Officials, Volunteer Firemen's Insurance Services, the Emergency Vehicle Technicians Association, International Association of Firefighters, the Association of Emergency Vehicle Manufacturers, and the National Institute for Occupational Safety and Health.

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Another set of requirements for ambulance vehicles which was considered for implementation in the EMS regulations was the Commission on Accreditation of Ambulance Services' ("CAAS") standards. These standards share substantial amounts of requirements with the NFPA's standards for ambulances, with the exception of some NFPA requirements (such as tire pressure monitors) that were seen as major cost drivers. However, the CAAS is not accredited by the American National Standards Institute as a standard setting organization.

In 2016, the RI Ambulance Service Coordinating Advisory Board held a vote on which standard to utilize for the EMS regulations. The Board determined that the NFPA standard would be implemented in the regulations, as it was deemed to be superior to the CAAS standard.

The requirements for marking of ambulance vehicles pursuant to §§ 2.8(C)(2) through (5) of the EMS regulations are requirements of the GSA K-Spec, therefore these requirements are not changing from the previous version of the regulations and are not required to be accounted for the purposes of the following cost analysis.

- a. Ambulances that comply with the standards of the current regulations are estimated to cost \$225,000.
- b. Ambulances that comply with the standards of the proposed regulations are estimated to cost \$250,000.
- c. Accordingly, the increased cost per ambulance is estimated to be \$25,000 per ambulance.
- d. RIDOH estimates that an average of eighteen (18) new ambulances are purchased by cities/towns/municipalities state-wide every year.
- e. Based on the estimated eighteen (18) new ambulances purchased per year, the total cost per year for cities/towns/municipalities to comply with the new standards for ambulances is **\$450,000**.

3. Controlled Substances Registration, § 2.7(E)(1)

This section requires that ambulance services licensed as Class A-1C, A-1P, A-2C, or A-2P Advanced Life Support must maintain current registration with RIDOH in accordance with R.I. Gen. Laws Chapter 21-28 (the R.I. Uniform Controlled Substances Act) and the U.S. Department of Justice Drug Enforcement Administration ("DEA"). The DEA currently provides a waiver of the cost associated with their controlled substance registration for ambulance services, therefore there is no additional cost associated with the requirement for DEA controlled substance registration. RIDOH expects the cost of maintain current registration with RIDOH to be as follows:

- a. RIDOH expects to charge an annual fee of \$100 per controlled substance registration for ambulance services.
- b. There are currently fifty-three (53) cities/towns/municipalities licensed as ambulance services.
- c. Accordingly, the annual cost of this section of the regulations for cities/towns/municipalities is estimated at **\$5,300**.

4. Ambulance Driver Certification, § 2.8(F)(2)

This section requires that ambulance vehicle drivers must have successfully completed an Emergency Vehicle Operator's Course ("EVOC") that conforms to the U.S. DOT's EVOC curriculum. RIDOH expects this requirement to incur negligible costs, as courses which comply

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with this requirement are available for free as well as online, so licensees will be able to fulfill this requirement with a minimal amount of time and at no cost.

Accordingly, the total cost in Rhode Island for complying with the requirements stated in #1-4 above is estimated to be **\$909,626.60 annually**.

Comparison of Local Fiscal Impact

Fiscal impact per municipality is typically calculated by dividing statewide fiscal impact among the 39 cities and towns, or by direct feedback from each municipality when surveyed by DMF. Any variance in fiscal impact when comparing DMF and RIDOH calculation is how the total statewide impact is divided [53 entities (RIDOH) vs. 39 municipalities (DMF)]. The fiscal impact to each municipality would be approximately \$23,300 when dividing the RIDOH calculated statewide impact of \$910,000 among the 39 municipalities or \$17,163 when divided among the 53 entities RIDOH references.

As outlined in the above DMF Analysis, Ambulance Services and Ambulance Vehicle Costs are presented in a range based on feedback from municipalities that responded to the League member survey.

Differences in fiscal impact for Ambulance Vehicles upon comparison are noted and are attributable to the allocation of costs per rescue vehicle in each city or town versus a flat impact number based on statewide impact (\$910,000 divided by the 39 municipalities). It should be noted that the life span of rescue vehicles has not been analyzed by RIDOH or DMF, so estimates by either were based on historical data.

The concern with the municipalities that provided comments regarding these proposed regulations is the costs associated with implementation and continuance of the practices. Consideration to overtime costs must be realized for coverage of personnel obtaining additional education, licensing, health care-related testing and immunizations, additional training and additional hours required for the increase in recordkeeping. There are also concerns with how these additional regulations would affect current and future CBAs for applicable municipalities.

216-RICR-20-10-2

TITLE 216 - DEPARTMENT OF HEALTH

CHAPTER 20 – COMMUNITY HEALTH

SUBCHAPTER 10 – SCREENING, MEDICAL SERVICES AND REPORTING

PART 2 – Emergency Medical Services

2.1 Authority

These regulations are promulgated pursuant to the authority conferred under R.I. Gen. Laws § 23-4.1-10(b), for the purpose of establishing minimum standards for emergency medical services.

2.2 Incorporated Materials

- A. These regulations hereby adopt and incorporate HIPAA Privacy Rule and Public Health: Guidance from CDC and the U.S. Department of Health and Human Services May 2, 2003/52 (S-1); 1-12, by reference, not including any further editions or amendments thereof, and only to the extent that the provisions therein are not inconsistent with these regulations.
- B. These regulations hereby adopt and incorporate National Emergency Medical Services Education Standards published by the National Highway and Traffic Safety Administration of the U.S. Department of Transportation, 2009 edition, by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these regulations.
- C. These regulations hereby adopt and incorporate National Fire Protection Agency (NFPA) 1917 Standard for Automotive Ambulances, 2016 edition, by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these regulations.
- D. These regulations hereby adopt and incorporate ASTM International E810 Test Method for Coefficient of Retroreflection of Retroreflective Sheeting Utilizing the Coplanar Geometry, 2013 edition, by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these regulations.
- E. These regulations hereby adopt and incorporate American National Standard Z535.1, Safety Color Code, 2011 edition, by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these regulations.

F. These regulations hereby adopt and incorporate SAE International J 1849, 2012 edition, by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these regulations.

2.3 Definitions

A. Wherever used in these regulations the following terms shall be construed to mean:

1. "Ambulance" means any publicly- or privately-owned vehicle, designed, constructed, equipped, and operated for emergency medical treatment and/or transportation of persons who are sick or injured.

2. "Change of ownership of ambulance service or EMS training institution" means:

a. In the case of a partnership, the removal, addition, or substitution of a partner which results in a new partner acquiring a controlling interest in such partnership;

b. In the case of an unincorporated sole proprietorship, the transfer of the title and property to another person;

c. In the case of a corporation:

(1) A sale, lease, exchange, or other disposition of all, or substantially all, of the property and assets of the corporation; or

(2) A merger of the corporation into another corporation; or

(3) The consolidation of two or more corporations, resulting in the creation of a new corporation; or

(4) In the case of a business corporation, any transfer of corporate stock which results in a new person acquiring a controlling interest in such corporation; or

(5) In the case of a non-business corporation, any change in membership which results in a new person acquiring a controlling vote in such corporation.

3. "Emergency Medical Services (EMS)" means the practitioners, ambulance vehicles, and ambulance service entities licensed to provide emergency medical care, transportation, and preventive care to mitigate loss of life or exacerbation of illness or injury.

4. "Emergency Medical Services Instructor-Coordinator (EMS IC)" means an individual who is licensed both as an EMS practitioner and as an EMS Instructor-Coordinator.
5. "Emergency Medical Services (EMS) Practitioner" means an individual who is licensed to perform emergency medical care and preventive care to mitigate loss of life or exacerbation of illness or injury.
6. "Healthcare provider" means a physician, physician assistant, or certified nurse practitioner licensed to practice in Rhode Island.
7. "Mutual aid" means an agreement among ambulance services to assist one another across jurisdictional boundaries.
8. "National Registry of Emergency Medical Technicians (NREMT)" means the not-for-profit, independent, non-governmental registration agency which conducts examinations for the certification of EMS practitioners.
9. "RIDOH" means the Rhode Island Department of Health.
10. "Rhode Island Continued Competency Program (RI-CCP)" is the program that defines how EMS practitioners must accumulate continuing education hours in certain topic areas to meet licensure renewal requirements.
11. "Rhode Island Emergency Medical Services Information System (RI-EMSIS)" is the central data repository of EMS data for the State of Rhode Island.
12. "Unprofessional conduct" means behavior that does not conform with established standards of clinical care, or behavior that is a violation of statutory and/or regulatory requirements.
13. "Volunteer ambulance service" means a licensed ambulance service that provides services utilizing staff who are volunteer EMS practitioners.
14. "Volunteer EMS practitioner" means a licensed EMS practitioner who provides services without remuneration, other than nominal payment or reimbursements for expenses.

2.4 Confidentiality Provisions

- A. All information concerning cases or suspected cases shall be held in confidence in accordance with the provisions of R.I. Gen Laws Chapter 5-37.3 "Confidentiality of Health Care Communications and Information Act" and all other applicable state and federal statutes and regulations.
- B. The HIPAA Privacy Rule and Public Health: Guidance from CDC and the U.S. Department of Health and Human Services incorporated above expressly permits

disclosures without individual authorization to public health authorities authorized by law to collect or receive the information to prevent or control disease, injury, or disability, including, but not limited to, public health surveillance, investigation, and intervention.

2.5 Emergency Medical Services (EMS) Practitioners

A. EMS Practitioners shall be licensed at the following levels:

1. Emergency Medical Responder (EMR) means an individual who holds a license to function as an EMR in Rhode Island.
2. Emergency Medical Technician (EMT) means an individual who holds a license to function as an EMT in Rhode Island.
3. Advanced Emergency Medical Technician (AEMT) means an individual who holds a license to function as an AEMT in Rhode Island.
4. Advanced Emergency Medical Technician-Cardiac (AEMT-C) means an individual who holds a license to function as an AEMT-C in Rhode Island.
5. Paramedic means an individual who holds a license to function as a paramedic in Rhode Island.

B. Requirements for initial licensure at all levels of EMS practice:

1. Applicants for licensure to function in Rhode Island in any one of the levels of EMS practitioner must meet the following requirements and provide supporting documentation at the time of application:
 - a. Be 18 years of age or older.
 - b. Be a high school graduate or equivalent.
 - (1) An EMR applicant is exempt from this rule.
 - c. Possess current National Registry of Emergency Medical Technicians (NREMT) certification pertinent to the level of licensure being sought.
 - d. Provide a biometric background check conducted within the last month.
 - e. Pay the application fee stated in the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health (Part 10-05-2 of this Title), if applicable.
 - f. Such other information as RIDOH may require.

2. Additional requirements for initial licensure of AEMT:

- a. Current licensure as an EMT.
- b. Current certification as an Advanced EMT by the NREMT.

3. Additional requirements for initial licensure of AEMT-C:

- a. Current licensure as an EMT.
- b. Successful completion of a RIDOH approved AEMT-C education course.
- c. Current certification as an AEMT by the NREMT.
- d. Current Advanced Cardiac Life Support (ACLS) certification.

4. Additional requirements for initial licensure of Paramedic:

- a. Current licensure as an EMT, AEMT or AEMT-C.
- b. Current certification as a paramedic by the NREMT.

C. Requirements for renewal of license at all levels of EMS practice:

1. Applicants for licensure renewal in any one of the levels of EMS practitioner must renew prior to the date of its expiration by submitting a completed application form and application fee stated in the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health (Part 10-05-2 of this Title), if applicable.

2. Requirements for EMR Practitioner License Renewal

- a. An EMR must maintain NREMT certification as an Emergency Medical Responder.

3. Requirements for EMT Practitioner License Renewal

- a. An EMT licensed after January 1, 2012 must maintain NREMT certification as an EMT.
- b. An EMT licensed prior to January 1, 2012 must complete the requirements of the Rhode Island Continued Competency Program (RI-CCP) or maintain NREMT certification as an EMT.

4. Requirements for AEMT Practitioner License Renewal

- a. An AEMT must maintain NREMT certification as an AEMT.

5. Requirements for AEMT-C Practitioner License Renewal

- a. An AEMT-C must complete the requirements of the RI-CCP, or maintain NREMT certification as an AEMT.

6. Requirements for Paramedic Practitioner License Renewal

- a. A paramedic must maintain NREMT certification as a paramedic.

D. Requirements for renewal of lapsed EMS practitioner licenses

1. An EMS practitioner whose license has lapsed for a period of less than one (1) year may be relicensed upon submission of a license application and documentation of licensure renewal requirements.
2. An EMS practitioner whose license has lapsed for a period of one (1) to two (2) years may be relicensed upon:
 - a. Submission of a license application and documentation of licensure renewal requirements.
 - b. Successful completion of the appropriate NREMT exam or presentation of a current NREMT certification.
3. An EMS practitioner whose license has lapsed for a period of greater than two years or longer will be subject to the requirements for initial license.

E. Functions and Responsibilities of EMS Practitioners

1. Each EMS practitioner is authorized to perform functions based upon his or her level of education and licensure solely in affiliation with an ambulance service currently licensed by RIDOH unless providing care as a Good Samaritan. In performing his or her functions and responsibilities, the practitioner must follow standing orders from the medical director for the Center for Emergency Medical Services (CEMS).
2. Ensure that deficiencies in ambulance equipment are reported to the proper authority.
3. Ensure the ambulance and the equipment are clean, safe, and in proper working condition.
4. Maintain current knowledge of RIDOH regulations, EMS care protocols, and standing orders.
5. Complete a RIDOH-approved electronic patient care report for all emergency calls.

6. Maintain a current and valid e-mail address on file with the RIDOH licensing system and the Rhode Island EMS Information System.
7. Any additional duties necessary to discharge his or her function as an EMS practitioner.
8. All EMS practitioners must report in writing to CEMS within ten (10) days, any of the following:
 - a. Any felony charge or felony conviction in Rhode Island or any other jurisdiction.
 - b. Any charge or conviction for driving while intoxicated or under the influence in Rhode Island or any other jurisdiction.
 - c. Any charge or conviction for driving to endanger in Rhode Island or any other jurisdiction.

F. All EMS practitioners must comply with the pre-employment requirements of the rules and regulations pertaining to Immunization, Testing, and Health Screening for Health Care Workers (Subchapter 15, Part 7 of this Chapter).

G. Disciplinary Actions

1. In accordance with R.I. Gen. Law § 23-4.1-9, RIDOH may deny, revoke, or suspend a license or invoke other disciplinary action such as probation or reprimand against any licensee for cause. Cause shall include, but not be limited to, the following:
 - a. Fraud or deceit in procuring or attempting to procure a license.
 - b. Gross negligence in providing medical care.
 - c. Impairment due to the use of alcohol or drugs.
 - d. Severe mental incompetence due to any cause.
 - e. Unprofessional conduct related to current standards of EMS practice.
 - f. Violation of any Federal or state law.
 - g. Conduct that has aided, abetted, or permitted any illegal act that is detrimental to health and safety.
 - h. Performance of emergency medical tasks beyond his or her scope of practice, as defined by education, licensure, and/or standing orders.

- i. Failure to comply with any EMS statutes and regulations.
2. Appeal from disciplinary actions may be taken pursuant to R.I. Gen. Laws § 23-4.1-9, R.I. Gen. Laws Chapter 42-35, and Practices and Procedures Before the Rhode Island Department of Health (Part 10-05-4 of this Title).

2.6 Emergency Medical Services Instructor-Coordiators (EMS IC)

A. Requirements for initial licensure of EMS IC:

1. Certificate of completion from an EMS IC educational program approved by RIDOH. To qualify for admission to an EMS IC Training Program, an applicant must hold a Rhode Island EMS practitioner license for at least five (5) years or have been licensed as an EMS practitioner in another state for at least five (5) years.
2. Successful completion of twenty-four (24) hours of student teaching, which must include five (5) different cognitive sessions and three (3) different psychomotor training sessions, under the direction of at least three (3) different RIDOH-licensed EMS Instructor-Coordiators.
3. Successful completion of a RIDOH EMS IC administrative orientation session.

B. Applicants for EMS IC licensure with a bachelor's degree or higher in educational studies, or NFPA 1041 fire instructor certification, may submit a request for a waiver to RIDOH from the requirements of the EMS IC educational program.

C. Requirements for renewal of EMS IC licensure:

1. An EMS IC must maintain a current EMS practitioner license and accrue ten (10) hours of EMS IC teaching activity per year.

D. Requirements for renewal of lapsed EMS IC licenses:

1. An EMS IC whose license has lapsed for a period of less than one (1) year may be relicensed upon submission of a license application and documentation of licensure renewal requirements.
2. An EMS IC whose license has lapsed for a period of one (1) to two (2) years may be relicensed upon:
 - a. Successful completion of twenty-four (24) hours of student teaching, which must include five (5) different cognitive sessions and three (3) different psychomotor training sessions under the direction of at least three (3) different RIDOH-licensed EMS Instructor-Coordiators.

- b. Successful completion of a RIDOH EMS IC administrative orientation session.
 - c. Submission of a license application.
 3. An EMS IC whose license has lapsed for a period of greater than two years (2) or longer will be subject to the requirements for initial license.

E. Functions and Responsibilities

1. Administer and conduct education programs in accordance with the National Emergency Medical Services Education Standards, 2009 edition, published by the National Highway and Traffic Safety Administration of the U.S. Department of Transportation, incorporated at § 2.2(B) of this Part.

2.7 Ambulance Services

A. Ambulance services shall be licensed at the following levels:

1. Class A: Advanced life support (ALS)
 2. Class B: Basic life support only (BLS)
 3. Class C: EMR

B. Requirements for initial and renewal licensure of ambulance services:

1. The applicant for an ambulance service license must be the entity responsible for its governance, and the license is not transferable among entities.
 2. A license will immediately become null and void and must be returned to RIDOH when service is discontinued or when any changes in ownership occur pursuant to R.I. Gen. Laws § 23-4.1-6(f).
 3. The license must be posted in a conspicuous place in the ambulance service central office.
 4. Identify the individual or individuals, which may include existing staff, who fulfill the following functions:
 - a. Emergency Medical Services Chief of Service: the individual who is the lead administrator of the ambulance service.
 - b. Emergency Medical Services Communications Coordinator: the individual who ensures that all communications equipment is functional and meets RIDOH standards.

- c. Emergency Medical Services Continuous Quality Improvement Coordinator: the individual who oversees the quality improvement program in conjunction with the Medical Director of the service.
 - d. Emergency Medical Services Coordinator: the individual who directs and coordinates all EMS activities within an ambulance service.
 - e. Emergency Medical Services Data Manager: the individual who reviews the EMS data for completeness and accuracy, and submits data to RI EMS Information System within the required timeframe.
 - f. Emergency Medical Services Inspection Contact: the individual who ensures compliance with inspection requirements.
 - g. Emergency Medical Service Pediatric Emergency Care Coordinator (PECC): the individual who ensures that the ambulance service and its providers are prepared to care for ill and injured children.
5. Each ambulance service must have written policies and procedures that are consistent with accepted standards of EMS care and standing orders, guidelines for the operation of the service, and the maintenance of the ambulances. These policies must be comprehensive in nature, must reflect day-to-day operations, and must address subjects to include, but not be limited to:
- a. The service's responsibility to ensure all personnel maintain licensure.
 - b. An orientation and training plan for all new ambulance service personnel.
 - c. Assurance of compliance with pre-employment immunization and testing requirements.
 - d. Agreements for mutual aid, including policies for when mutual aid is to be used.
 - e. Procedures for dispatching ambulances and related communications including pre-arrival instructions when applicable.
 - f. Procedures for stocking medications, supplies, and equipment.
 - g. Policies for use of lights and sirens.
 - h. Adherence to minimum staffing requirements and duties.
 - i. Addressing mechanical failure of vehicles or equipment.

- j. Cooperation with inspection authorities.
- k. Policies for infection control.
- l. Maintenance of mechanical and biomedical equipment and devices in accordance with manufacturers' recommendations.
- m. Acquisition, security and disposal of controlled substances and other drugs in accordance with applicable federal and state regulations.
- n. Resolution of complaints.
- o. Media relations.
- p. Utilization of the National Incident Management System (NIMS).
- 6. Private ground ambulance services must have the following minimum insurance coverage types and limit requirements at all times.
 - a. General liability insurance with limits of not less than one million dollars (\$1,000,000) per each occurrence and two million dollars (\$2,000,000) in the aggregate.
 - b. Automobile liability insurance with limits of not less than one million dollars (\$1,000,000) per each accident, and must include all vehicles used by the applicant.
 - c. Professional liability insurance covering errors and omissions with limits of not less than one million dollars (\$1,000,000) per each claim and two million dollars (\$2,000,000) in the aggregate.
 - d. Workers compensation insurance with statutory limits of coverage with employer liability limits of five hundred thousand dollars (\$500,000) per each accident, disease limits of five hundred thousand dollars (\$500,000) per each employee, and disease policy limit of five hundred thousand dollars (\$500,000).
- 7. Ground ambulance services must have a secure, temperature-controlled garage to house all ambulance vehicles when not in use.
- 8. Each licensed ambulance service must implement a continuous quality improvement program to assess, monitor, and evaluate the quality of patient care.
- 9. Pay the application fee stated in the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health (Part 10-05-2 of this Title), if applicable.

10. Any other information required by RIDOH.

C. Availability of Ambulance Services

1. An ambulance service licensed in Rhode Island must be available to provide ambulance services on a twenty-four-hour (24) basis, seven (7) days a week.
2. Services must be provided either directly or under a written agreement with other licensed ambulance services. If agreements are made, a copy of the agreement must be submitted to RIDOH.

D. Ambulance Service Reporting Requirements

1. An ambulance service must maintain appropriate personnel and administrative records, and electronic patient care reports. All data must be reported to RIDOH in an electronic format. Records include the following:
 - a. Evidence of training and continued competency education.
 - b. Maintenance records for each licensed ambulance.
 - c. Record for each licensed ambulance including a list of equipment, and other essential data.
 - d. Maintenance and scheduled service records for medical devices as required by the manufacturer, including cardiac monitors/defibrillators, stretchers, and stair chairs.
2. An ambulance service must report changes in administrative staff to RIDOH within five (5) business days.
3. Electronic patient care reports (ePCR)
 - a. RIDOH-approved electronic patient care reports for all ambulance calls must be completed.
 - b. All electronic patient care reports must meet the standards of the National Emergency Medical Services Information System (NEMSIS) and the Rhode Island Emergency Medical Services Information System (RIEMSIS). RIDOH will determine the NEMSIS version that is applicable and any state-mandated data fields.
 - c. Electronic patient care reports must be posted to RIEMSIS within two (2) hours of completion of the incident, i.e. transportation to the destination, by the responding EMS personnel.

- d. A digital and paper copy of the completed patient care report for each patient transported to a hospital emergency facility must be left with and promptly available to a designated representative of the receiving facility, who will sign the report upon receipt of the patient, indicating a transfer of care. A copy of the patient care report must be retained by the receiving hospital, the ambulance service, and RIDOH.

4. Reportable Events

- a. An ambulance service must file a written report with RIDOH within seventy-two hours (72) of the following reportable events involving its service, personnel, or property:
 - (1) Fire affecting an ambulance or service place of business.
 - (2) Theft of an ambulance.
 - (3) Loss, theft or tampering with any controlled substances, drug delivery devices, or other regulated medical devices and equipment from an agency facility or ambulance.
 - (4) An accident involving personal injury or property damage more than one thousand dollars and in which a report is required under the provisions of R.I. Gen. Laws § 31-26-6.
 - (5) Kidnapping or elopement of a patient.
 - (6) More than a thirty-minute (30) delay between the time of arrival at a healthcare facility and transfer of care to a healthcare provider at the receiving facility.
 - (7) Pending or actual labor disputes or actions which would impact delivery of EMS services including, but not limited to strikes, walk-outs and strike notices. Services must provide a plan, acceptable to the RIDOH, for continued operation of the service, suspension of operations, or closure in the event of such actual or potential labor dispute or action.

5. Reportable Incidents

- a. An ambulance service must file a written report with RIDOH within five (5) days of the following reportable incidents involving its service, personnel, or property that result in serious injury, illness or death to a patient not ordinarily expected as a result of the patient's condition. These incidents include, but are not limited to, the following:

- (1) Medication errors.
- (2) Deviation from medical standing orders.
- (3) Major medical device failures.
- (4) Major communications device failures.

6. Ambulance Service Closure

- a. An ambulance service must inform RIDOH in writing of its intent to close at least ninety (90) days prior to its closure.
- b. The ambulance service must develop a written closure plan to include:
 - (1) The date the agency will cease operations.
 - (2) Steps to ensure adequate staffing throughout the closure process.
 - (3) A process for the disposition of properties, vehicles, equipment, supplies, and assets.
 - (4) Steps to dispose of any pharmaceutical, biological, and chemical products and waste.
 - (5) A process to assure transfer of any contracts to another ambulance service after closure.

E. Controlled substances

- 1. An ambulance service licensed as Class A-1C, A-1P, A-2C or A-2P Advanced Life Support must maintain current registration with:
 - a. RIDOH, in accordance with the Rhode Island Uniform Controlled Substances Act, R.I. Gen Laws Chapter 21-28, and
 - b. U.S. Department of Justice Drug Enforcement Administration.

2.8 Ambulance Vehicles

A. Ambulance vehicles shall be licensed at the following classifications:

- 1. Class A-1C: Advanced Life Support transporting ambulance
- 2. Class A-1P: Advanced Life Support transporting ambulance, paramedic level

3. Class A-2C: Advanced Life Support non-transporting ambulance
4. Class A-2P: Advanced Life Support non-transporting ambulance, paramedic level
5. Class A-2A: Advanced Life Support non-transporting ambulance, advanced EMT level
6. Class B-1: Basic Life Support transporting ambulance
7. Class B-2: Basic Life Support non-transporting ambulance
8. Class C: Advanced Life Support: Air Medical Services

B. Requirements for initial and renewal licensure for all classifications of ambulance vehicles

1. The applicant for an ambulance vehicle license must be the entity responsible for its governance, and the license is not transferable among entities or vehicles.
2. A license will immediately become null and void and must be returned to RIDOH when service is discontinued or when any changes in ownership occur pursuant to R.I. Gen. Laws § 23-4.1-6(f).
3. A license must be posted in a conspicuous place in the ambulance.
4. The ambulance must comply with the equipment and supply requirements in § 2.12 of this Part.
5. Any deficiencies cited in the initial or any other inspection must be corrected before a license will be issued or renewed.
6. Pay the application fee stated in the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health (Part 10-05-2 of this Title), if applicable.
7. Any other information required by RIDOH.

C. Requirements for initial and renewal licensure for all classifications of transporting ambulance vehicles in class A-1C, A-1P, B-1:

1. A newly manufactured ambulance vehicle must conform to the National Fire Protection Agency (NFPA) 1917 Standard for Automotive Ambulances, 2016 edition, incorporated at § 2.2(C) of this Part, as of the date of the original purchase order. Remounted ambulances shall be considered a newly manufactured ambulance vehicle.

2. An ambulance vehicle must be identified with the name of the service prominently lettered on both sides and the rear of the vehicle.
3. The material for the emblems and markings must be applied using reflective material that has a coefficient of retro-reflection measured in accordance with ASTM International E810 Test Method for Coefficient of Retroreflection of Retroreflective Sheeting Utilizing the Coplanar Geometry.
4. The reflective color used shall be blue, color a, and white, color i, in accordance with the American National Standard Z535.1, Safety Color Code. They must comply with the tolerances expressed in terms of Munsell hue, value, and chroma.
5. For a newly manufactured ambulance vehicle, the emblems and markings shall be of the type, size, color, and location as follows:
 - a. Only ambulance vehicles licensed as Advanced Life Support Class A-1C, A-1P, A-2C, A-2P, A-2A or C may be identified by lettering or any other means as "Advanced Life Support" or any similar designation.
 - b. Front markings: the word "AMBULANCE" or "RESCUE" in mirror image, in block, blue, die cut style letters, not less than 4" high, centered above the grille. The placement of the word "AMBULANCE" or "RESCUE" on the curved surface of the hood or on a flat plastic type bug screen is permitted. A Star of Life® in 3", blue, die cut style, with a white border must be located both to the right and left of the word "AMBULANCE" or "RESCUE."
 - c. Side markings: each side of the ambulance must be marked with one Star of Life® emblem not less than 16" in blue, die cut style with a white border.
 - d. Rear markings: the rear of the ambulance must be marked with two Star of Life® emblems not less than 10", in blue, die cut style with a white border.
 - e. Roof marking: a Star of Life® of not less than 32" in blue, die cut style, which may be without the white Staff of Asclepius, must be provided on the ambulance rooftop.

D. Requirements for initial and renewal licensure for all classifications of non-transporting ambulance vehicles in Class A-2C, A-2P, A-2A, or B-2:

1. Be equipped with a warning device, such as a mechanical siren or electric penetrating unit, which is audible five hundred feet to the front.

2. Be equipped with red, flashing, warning lights.
3. Be designed to safely and adequately house required medical equipment and supplies.
4. Be marked with one Star of Life® emblem not less than 8", in blue, die cut style with a white border located on one side of the vehicle.
5. Be equipped with an audible backup warning device, activated when the vehicle is shifted into reverse gear. The device must be rated SAE International J 1849 for 97 dB-a at 4 feet.

E. Requirements for all Categories of Ambulance Vehicles

1. An ambulance vehicle can be designated as a reserve vehicle. Reserve ambulance vehicles must have a current RI Department of Transportation (RIDOT) inspection sticker. A listing of all required equipment not stocked at the time of inspection must be maintained in the vehicle, and the equipment must be placed in the vehicle when the ambulance is placed into service.
2. An ambulance vehicle must have current RI Division of Motor Vehicles (RIDMV) and RIDOT inspection stickers.
3. An ambulance vehicle must be maintained in good repair and in safe operating condition at all times.
4. The interior of an ambulance vehicle, including equipment and supplies, must be maintained in accordance with environmental infection control practices to prevent transmission of disease from patient to EMS practitioner, as well as from patient to patient between runs.
5. A licensed EMS practitioner who utilizes latex gloves must do so in accordance with the provisions of the rules and regulations pertaining to the Use of Latex Gloves by Health Care Workers, in Licensed Health Care Facilities, and by Other Persons, Firms, or Corporations Licensed or Registered by the RIDOH (Subchapter 15, Part 3 of this Chapter).

F. Staffing Requirements for Ambulance Vehicles

1. Each class of ambulance must be staffed by emergency medical services practitioners in accordance with the level of emergency medical services provided.
 - a. Class A-1C or A-1P ambulances must be staffed at all times when providing patient care, by at least two (2) practitioners:

(1) One ALS practitioner, such as an AEMT-C or a paramedic, who must remain with the patient while providing advanced life support measures during transportation, and an EMT, AEMT-C, or paramedic.

(2) In accordance with R.I. Gen. Laws § 23-1-1, volunteer ambulance services must make every attempt to meet the above standards to provide ALS care; however, if these standards cannot be met, the ambulance must be staffed by at least one AEMT-C or one paramedic, who must remain with the patient during transport, and one Emergency Medical Responder (EMR). All initially responding personnel must be functioning in a volunteer capacity.

b. Class B-1 ambulances must be staffed by at least two EMTs, one of whom may be the driver, the other to remain with the patient during transport.

(1) In accordance with R.I. Gen. Laws § 23-1-1, a volunteer ambulance service must make every attempt to meet the above standards to provide BLS care; however, if these standards cannot be met, the ambulance must be staffed by at least one EMT, who must remain with the patient during transport. All initially responding personnel must be functioning in a volunteer capacity.

c. Class A-2 ambulances must be staffed by at least one AEMT, one AEMT-C, or one paramedic to provide ALS, or one EMT to provide BLS.

d. Class B-2 ambulances must be staffed by at least one EMT, AEMT, AEMT-C or paramedic.

2. The driver of a licensed ambulance vehicle, whether lay person or licensed EMS practitioner, must have successfully completed an Emergency Vehicle Operator's Course (EVOC) that conforms to the U.S. Department of Transportation EVOC curriculum.

2.9 Exceptions to Licensure Requirements

A. Any ambulance service, ambulance vehicle, or EMS practitioner licensed or certified in another U.S. state or territory that enters RI in response to a call for assistance from an RI-licensed ambulance service or RIDOH in a mass casualty/major incident situation, shall be exempt from the provisions of these regulations requiring licensure.

- B. Any individual enrolled in an EMS practitioner education course, functioning under the direct supervision of a licensed health care professional, shall be exempt from the provisions of these regulations requiring licensure.

2.10 Licensing Requirements for EMS Training Institutions

- A. EMS training institutions shall be licensed at the following levels. A licensed EMS training institution can conduct training courses at the level of licensure or below.

1. Paramedic
2. Advanced Emergency Medical Technician-Cardiac (AEMT-C)
3. Advanced Emergency Medical Technician (AEMT)
4. Emergency Medical Technician (EMT)
5. Emergency Medical Responder (EMR)

- B. Requirements for initial and renewal licensure of EMS training institutions:

1. An EMS training institution applicant must be the entity responsible for its governance, and the license is not transferable among entities.
2. A license will immediately become null and void and must be returned to RIDOH when an EMS training institution is closed or when any changes in ownership occur.
3. A license must be posted in a conspicuous place in the EMS training institution's central office.
4. An EMS training institution applicant must provide a list of the following administrative staff:
 - a. Program Director: the individual responsible for the administration, organization, and supervision of the educational program. The Program Director must have the following qualifications:
 - (1) Hold a license as a Rhode Island EMS Instructor-Coordinator and hold a license at or above the level of instruction.
 - (2) Have an Associate's degree from an accredited institution of higher education if conducting EMT or Advanced EMT-Cardiac courses, or a Bachelor's degree from an accredited institution of higher education if conducting Paramedic programs.

- b. Medical Director: the individual who is a physician board-certified or board-eligible in emergency medicine and/or EMS by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine who oversees the program, evaluates and approves all instructors, and remains available for consultation during the training course. The Medical Director must be licensed to practice medicine in Rhode Island.
 - c. Faculty: the individuals who are responsible for all aspects of didactic and clinical instruction.
 - d. Clinical Coordinator: the individual responsible for coordinating practicum experiences in hospitals or other healthcare settings.
 - e. Field Internship Coordinator: the individual responsible for coordinating practicum experiences in EMS Ambulance Service settings.
- 5. An EMS training institution applicant must have written curriculum, policies, and procedures that are consistent with the National EMS Education Standards.
- 6. An EMS training institution applicant must maintain current written agreements and/or contracts for clinical and field internships.
- 7. An EMS training institution applicant must have an official affiliation with one of the following:
 - a. Four-year college or university;
 - b. Two-year technical or community college;
 - c. Hospital or medical center;
 - d. Federal, state, county, or local government entity; or
 - e. A public or private corporation that meets state and local business requirements.
- 8. An EMS training institution applicant must be located in Rhode Island.
- 9. An EMS training institution applicant must pay the application fee stated in the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health (Part 10-05-2 of this Title).
- 10. An EMS training institution applicant must provide any other information required by RIDOH.

C. EMS Training Institution Operational Requirements

1. An EMS training institution must maintain appropriate student, personnel, and administrative records, including but not limited to, student admission, advisement, counseling, and evaluation.
2. An EMS training institution must annually self-evaluate or review the following:
 - a. Instructor performance
 - b. Course completion and pass rates
 - c. NREMT pass rates
 - d. Student evaluations of instructors and program
3. An EMS training institution must submit a report summarizing the self-evaluation described in § 2.10(C)(2) annually, by March 1st of the following calendar year.
4. EMS training institutions must maintain sufficient program resources, including but not limited to the following:
 - a. Finances
 - b. Classroom and laboratory facilities
 - c. Equipment and supplies
 - d. Computers
 - e. Instructional reference materials
5. An EMS training institution must have clear syllabi with policies detailing the following:
 - a. Class attendance
 - b. Student behavior
 - c. Sexual and other forms of harassment
 - d. Appearance and attire
 - e. Grade determination
 - f. Academic honor code

- g. Academic calendar
 - h. Student grievance procedure
 - i. Criteria for successful completion of each segment of the curriculum and graduation
 - j. Policies and processes by which students may perform clinical work while enrolled in the program
- 6. An EMS training institution must implement a continuous quality improvement program to assess, monitor, and evaluate the quality of its instructional programs and continuing education of its faculty.
 - 7. An EMS training institution must report changes in administrative staff to CEMS within five (5) business days.
 - 8. Any other information required by RIDOH to determine compliance with the standards of this Part.

2.11 Variances

- A. An application for variance from the requirements of this Part must be made in writing to RIDOH. Licensing requirements are not eligible for consideration of a variance.
- B. The variance application must demonstrate that a literal enforcement of these rules will result in an unnecessary hardship to the applicant and that such a variance will not be contrary to the health and safety of the public.

2.12 Minimum Equipment Requirements for Ambulance Vehicles

- A. The following list indicates the minimum equipment required for each class of ambulance vehicle license.

<u>R = Required O = Optional X = Not permitted</u>									
<u>Section 1: General Requirements</u>									
<u>Item</u>	<u>A-1C</u>	<u>A-1P</u>	<u>A-2C</u>	<u>A-2P</u>	<u>A-2A</u>	<u>B-1</u>	<u>B-2</u>	<u>C</u>	<u>Description</u>
<u>Communication with dispatcher</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>Two-way voice communications</u>

<u>Communication with hospital</u>	R	R	R	R	R	R	Q	R	<u>Two-way voice communications</u>
<u>Complete tool kit</u>	R	R	R	R	R	R	R	X	<u>Minimum of:</u> <u>1 open-end adjustable wrench at least 12 inches;</u> <u>1 screwdriver regular blade at least 8 inches;</u> <u>1 screwdriver, Phillips type at least 8 inches;</u> <u>1 hacksaw with three blades;</u> <u>1 pliers, vise-grip type;</u> <u>1 three pound hammer;</u> <u>1 crowbar at least 24 inches or halligan tool;</u> <u>1 battery cable cutter;</u> <u>2 ropes, at least ½" inch diameter, 50 feet long;</u> <u>2 pairs safety goggles;</u> <u>2 pairs work gloves;</u> <u>2 reflective vests/garments or equivalent, ANSI 207-2011 compliant;</u> <u>2 flashlights with batteries.</u>
<u>Controlled substance log book</u>	R	R	R	R	X	X	X	R	<u>Log of all controlled substances carried, including lot numbers, total dose given per</u>

									<u>call, incident number, hospital replacement, and any wastage. Logbook must be hardcover, bound, and have numbered pages</u>
<u>Controlled substance security</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>R</u>	<u>Stored securely with at least two locks, keyed or combination</u>
<u>DOT inspection sticker</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>Rhode Island</u>
<u>DOT registration</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>Rhode Island</u>
<u>Emergency lights</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>Per NFPA 1917</u>
<u>Equipment properly secured</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>All supplies, equipment, tools, etc. shall be stored in enclosed compartments or fastened to secure them during vehicle motion. Equipment weighing 3lb or more mounted or stored in a driving or patient area shall be</u>

									<u>contained in an enclosed compartment capable of containing the contents when a 10G force is applied in the longitudinal, lateral, or vertical axis of the vehicle, if the equipment is secured in a bracket or mount that can contain the equipment when the equipment is subjected to those same forces.</u>
<u>Exhaust system</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	-
<u>Fire extinguishers</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>Vehicle shall be equipped with at least two mounted and charged fire extinguishers, dry chemical, each with a capacity of five pounds or greater, approved by Underwriter's Laboratory (UL), with at least one mounted in the patient compartment of transporting.</u>

									<u>ambulances.</u>
<u>Free from rust/dents</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	-
<u>Non-emergency exterior lighting</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	-
<u>Patient compartment lighting</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>R</u>	<u>X</u>	<u>R</u>	<u>Per NFPA 1917</u>
<u>Patient tracking system / ePCR</u>	<u>R</u>	<u>R</u>	<u>O</u>	<u>O</u>	<u>O</u>	<u>R</u>	<u>O</u>	<u>R</u>	<u>PTS and ePCR capable laptop computer or tablet and all ancillary equipment and supplies including a docking station, bar code scanner, tracking bracelets and triage tags and all shall be in good working condition. The ePCR software must be RI CEMS approved. The service shall also maintain a viable data connectivity</u>

									<u>plan</u>
<u>RI Statewide EMS Protocols</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>-</u>
<u>Siren</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>Per NFPA 1917</u>
<u>Triage/tracking tags</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>Minimum of 25 triage tags</u>
<u>Triangle reflectors</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>Minimum of 3A9A3:J22A2:J2A2:J22</u>
<u>Section 2: Basic Life Support Supplies and Equipment</u>									
<u>Item</u>	<u>A-1C</u>	<u>A-1P</u>	<u>A-2C</u>	<u>A-2P</u>	<u>A-2A</u>	<u>B-1</u>	<u>B-2</u>	<u>C</u>	<u>Description</u>
<u>Antiseptic wipes</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>Minimum of 6</u>
<u>Adhesive tape</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>-</u>
<u>Blood glucose meter</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1 meter with minimum of 5 test strips</u>
<u>Blood pressure cuffs</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>Adult, child, infant, large adult sizes</u>
<u>Cold packs</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>Minimum of 3</u>
<u>Conforming bandages</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>Minimum of 6</u>
<u>Chest seal dressing</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>Minimum of 2 commercially prepared units</u>

[illegible]

									<u>with a range of at least 78.0°F-111.9°F</u>
<u>Tourniquet</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>Minimum of 4, commercially prepared</u>
<u>Traction splint</u>	<u>R</u>	<u>R</u>	<u>O</u>	<u>O</u>	<u>O</u>	<u>R</u>	<u>O</u>	<u>R</u>	<u>Minimum of 1 adult size</u>
<u>Trauma dressings</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>Minimum of 3</u>
<u>Trauma shears</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>Minimum of 1</u>
<u>Triangular bandages</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>Minimum of 3</u>
<u>Water soluble lubricant</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>Minimum of 3 packets</u>
<u>Section 3: Extrication and Transportation</u>									
<u>Item</u>	<u>A-1C</u>	<u>A-1P</u>	<u>A-2C</u>	<u>A-2P</u>	<u>A-2A</u>	<u>B-1</u>	<u>B-2</u>	<u>C</u>	<u>Description</u>
<u>Cervical collars</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>Minimum of 1 in each size to fit infants through tall adults</u>
<u>Child seat</u>	<u>R</u>	<u>R</u>	<u>O</u>	<u>O</u>	<u>O</u>	<u>R</u>	<u>O</u>	<u>R</u>	<u>Minimum of 1 child restraint seat fitting children weighing from 20-40 pounds. The seat must be capable of being secured to the vehicle's</u>

									<u>stretcher. Seat must be compliant with current Federal Motor Vehicle Safety Standards requirements</u>
<u>Long spine board</u>	<u>R</u>	<u>R</u>	<u>O</u>	<u>O</u>	<u>O</u>	<u>R</u>	<u>O</u>	<u>R</u>	<u>Minimum of 1</u>
<u>Patient movement device</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>Minimum of 1</u>
<u>Stair chair</u>	<u>R</u>	<u>R</u>	<u>O</u>	<u>O</u>	<u>O</u>	<u>R</u>	<u>O</u>	<u>O</u>	<u>Minimum of 1</u>
<u>Straps for long spine board</u>	<u>R</u>	<u>R</u>	<u>O</u>	<u>O</u>	<u>O</u>	<u>R</u>	<u>O</u>	<u>R</u>	<u>Minimum of 4, 7-9 feet in length</u>
<u>Stretcher/straps/mattress</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>R</u>	<u>X</u>	<u>R</u>	<u>Stretcher having a mattress at least three inches thick with a waterproof non-porous covering. Stretcher must be equipped with appropriate patient restraints: three mounted leg/torso straps, and two shoulder straps tethered together at stretcher frame. Patient restraints shall</u>

								<p><u>be compliant with all Federal Motor Vehicle Safety Standards and shall incorporate metal to metal quick release buckles, be not less than two inches wide, and fabricated from nylon or other materials easily cleaned and disinfected. A fold down, rigid, telescoping I.V. pole and holder shall be provided on the left side of stretcher. Stretcher must operate according to manufacturer's standards and be current on maintenance and servicing as prescribed by the manufacturer. All stretchers should only be used with the required fastener assembly and patient restraint as prescribed by the</u></p>
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									<u>manufacturer.</u>
<u>Section 4: Airway and Ventilation</u>									
<u>Item</u>	<u>A-1C</u>	<u>A-1P</u>	<u>A-2C</u>	<u>A-2P</u>	<u>A-2A</u>	<u>B-1</u>	<u>B-2</u>	<u>C</u>	<u>Description</u>
<u>Advanced airway device kits</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>Minimum of one of the following advanced airway device kits: LMA kit that includes, at a minimum, LMA sizes 1, 2, 3, 4 and 5; LT/LTS kit that includes, at a minimum, LTA sizes 2, 2.5, 3, 4 and 5; I-gel airway kit that includes, at a minimum, I-gel sizes 1, 1.5, 2, 2.5, 3, 4, and 5; AirQ airway kit that includes, at a minimum, AirQ airway sizes .5, 1, 1.5, 2.0, 2.5, 3.5, and 4.5.</u>
<u>Bag-valve-masks</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>Minimum of 1 in adult, pediatric</u>

[illegible]

<u>Body substance isolation kits</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>Minimum of 1 per crew member to include a gown, protective goggles, one pair of disposable gloves, a mask, a head cover and a biohazard bag</u>
<u>Latex-free gloves</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>Multiple sizes</u>
<u>N95 respirators</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>Minimum of 1 per crew member</u>
<u>Sharps receptacle</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>Minimum of 1</u>
<u>Section 6: Cardiac Care</u>									
<u>Item</u>	<u>A-1C</u>	<u>A-1P</u>	<u>A-2C</u>	<u>A-2P</u>	<u>A-2A</u>	<u>B-1</u>	<u>B-2</u>	<u>C</u>	<u>Description</u>
<u>Automated external defibrillator</u>	<u>O</u>	<u>O</u>	<u>O</u>	<u>O</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>O</u>	<u>Approved by the U.S. Food and Drug Administration. Minimum of 1 with a fully charged battery and a minimum of 1 set of one adult defibrillation pads. A minimum one set of pediatric defibrillation pads or dosing</u>

									<u>attenuation device.</u>
<u>Cardiac monitor and defibrillator</u>	R	R	R	R	X	X	X	R	<u>Approved by the U.S. Food and Drug Administration. Capable of biphasic manual defibrillation, synchronized cardioversion, rhythm waveform display, 12 lead electrocardiogram acquisition, telemetry, and transcutaneous pacing. Minimum of 1 with a fully charged battery and a minimum of 1 set of one adult defibrillation pads. A minimum one set of pediatric defibrillation pads or dosing attenuation device. Functional strip chart recorder. Electrodes to acquire electrocardiograms</u>

Section 7: Advanced Life Support Supplies and Equipment

<u>Item</u>	<u>A-1C</u>	<u>A-1P</u>	<u>A-2C</u>	<u>A-2P</u>	<u>A-2A</u>	<u>B-1</u>	<u>B-2</u>	<u>C</u>	<u>Description</u>
<u>Constricting bands</u>	R	R	R	R	R	X	X	R	<u>Minimum of 2</u>
<u>Cricothyrotomy kit</u>	X	R	X	R	X	X	X	X	<u>Minimum of 1</u>
<u>Endotracheal intubation kit</u>	Q	R	Q	R	X	X	X	Q	<u>Minimum of 1</u>
<u>Intraosseous infusion device</u>	R	R	R	R	R	X	X	R	<u>Minimum of 1</u>
<u>IV catheters in assorted sizes 14-24G</u>	R	R	R	R	R	X	X	R	<u>Minimum of 2 in each size</u>
<u>IV drip sets 10-15 drops</u>	R	R	R	R	R	X	X	R	<u>Minimum of 2</u>
<u>IV fluid warmer</u>	R	R	Q	Q	Q	X	X	R	<u>Minimum of 1 with capacity to hold two 1L IV bags</u>
<u>IV infusion pump</u>	X	R	X	R	X	X	X	Q	<u>Minimum of 1</u>
<u>Morgan lens</u>	X	R	X	R	X	X	X	Q	<u>Minimum of 1</u>
<u>Nasogastric tubes</u>	X	R	X	R	X	X	X	X	<u>Minimum of 3 in sizes between 8-18 French</u>
<u>Padded arm boards</u>	R	R	R	R	R	X	X	R	<u>Minimum of 1</u>
<u>Pleural decompression</u>	X	R	X	R	X	X	X	X	<u>Minimum of 1, and 4</u>

<u>kit</u>									<u>decompression needles</u>
<u>Stopcock, 3- or 4-way</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>R</u>	<u>Minimum of 1</u>
<u>Volumetric burette, 100mL</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>R</u>	<u>Minimum of 1</u>

B. If one or more of the critical deficiencies listed below are noted upon inspection, the vehicle must not operate until all deficiencies are corrected, as applicable.

1. Automated external defibrillator
2. Bag-valve-masks
3. Biohazard bag
4. Blood pressure cuffs
5. Cardiac monitor and defibrillator
6. Cervical collars
7. Communication with dispatcher
8. Communication with hospital
9. DOT registration
10. Emergency lights
11. Equipment properly secured
12. IV catheters in assorted sizes 14-24G
13. IV drip sets 10-15 drops
14. Latex-free gloves
15. Main oxygen supply
16. Nasopharyngeal airways
17. On-board suction
18. Oropharyngeal airways

19. Oxygen masks

20. Oxygen nebulizer

21. Patient Tracking System and ePCR

22. Portable oxygen cylinder

23. Portable suction unit

24. Sharps receptacle

25. Siren

26. Stair chair

27. Stethoscopes

28. Stretcher / straps /mattress

29. Suction catheters and tubing

30. Medications in minimum quantities per the state formulary, unless a national shortage exists for a particular medication.

C. When applicable, equipment and supplies must be in sealed, clean, unopened, and in the original manufacturer's packaging.

~~RULES AND REGULATIONS RELATING TO EMERGENCY MEDICAL SERVICES~~

~~[R23-4.1-EMS]~~



~~STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS~~

~~DEPARTMENT OF HEALTH~~

~~July 1976~~

~~AS AMENDED:~~

April 1981	June 1998
February 1984	September 1998 (E)
December 1984 (E)	December 1998
April 1984 (E)	February 2000
June 1985	June 2001
June 1986	November 2001
September 1989	January 2002 (re-filing in accordance with
June 1990	the provisions of § 42-35-4.1 of the Rhode
August 1990 (E)	Island General Laws, as amended)
February 1992 (E)	April 2002 (E)
April 1992	June 2002
May 1993	January 2007 (re-filing in accordance with
October 1993	the provisions of § 42-35-4.1 of the Rhode
November 1993 (E)	Island General Laws, as amended)
December 1993(E)	July 2007
February 1994	April 2009
November 1994 (E)	January 2012 (re-filing in accordance with
March 1995 (E)	the provisions of § 42-35-4.1 of the Rhode
May 1995	Island General Laws, as amended)
November 1996 (E)	April 2012
January 1997 (E)	September 2012
January 1997	April 2014
May 1997 (E)	
July 1997	
February 1998	

~~**INTRODUCTION**~~

~~These amended *Rules and Regulations Relating to Emergency Medical Services* [R23-4.1-EMS] are promulgated pursuant to the authority conferred under §§23-4.1-4 and 23-4.1-10(b) of the General Laws of Rhode Island, as amended, and are established for the purpose of making technical revisions consistent with statutory provisions and for the purpose of redefining licensure requirements, functions, and services of emergency medical technicians and ambulances, establishing criteria for financial capacity of private ambulance service providers and adopt requirements relating to annual seasonal influenza vaccination for Emergency Medical Technicians.~~

~~Pursuant to the provisions of §42-35-3(a)(3) and §42-35.1-4 of the General Laws of Rhode Island, as amended, the following issues have been given consideration in arriving at the regulations (1) alternative approaches to the regulations; (2) duplication or overlap with other state regulations and (3) significant economic impact on small business. Based on available information, no alternative approach, duplication or overlap was identified.~~

~~Upon promulgation of these amendments, these amended Regulations shall supersede all previous *Rules and Regulations Pertaining to Emergency Medical Services* promulgated by the Rhode Island Department of Health and filed with the Secretary of State.~~

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~~PART I Definitions and General Licensure Requirements~~

~~Section 1.0 Definitions~~

Wherever used in these Regulations the following terms shall be construed to mean:

- ~~1.1 "Act" refers to RIGL Chapter 23-4.1 entitled "Emergency Medical Transportation Services."~~
- ~~1.2 "Advanced life support (ALS)" means a level of prehospital emergency care that includes basic life support functions plus administration of specific medications, drugs, and solutions, use of certain adjunctive medical devices, and other techniques and procedures as authorized by the Department.~~
 - ~~1.2.1 "Advanced life support limited" means a level of prehospital emergency care that includes basic life support functions plus administration of specific medications, drugs, and solutions, use of certain adjunctive medical devices, and other techniques and procedures as authorized by the Department. Such practice requires providing ALS coverage/staffing a minimum of forty (40) hours/week and/or a minimum of twenty five percent (25%) of the total annual runs incurred by a rescue service.~~
- ~~1.3 "Advanced emergency medical technician" pursuant to RIGL §23-17.6-2 entitled "Mobile Intensive Care Unit Program" means personnel who have been specially trained in emergency cardiac and non-cardiac care in an advanced emergency medical technician course approved by the Department and shall be equivalent to EMT-C or EMT-P as defined in §1.10.3 and §1.10.4 of these Regulations.~~
- ~~1.4 "Air medical personnel" means the Rhode Island licensed health care personnel delivering patient care as part of an air medical service.~~
- ~~1.5 "Air medical service" means a licensed EMS provider that provides air transportation to patients requiring emergency treatment and/or transportation of persons who are sick, injured, wounded, or otherwise incapacitated or helpless.~~
- ~~1.6 "Air medical team" means the pilot(s) and health care personnel who are delivering patient care as part of air medical transport services.~~
- ~~1.7 "Ambulance" means any publicly or privately owned vehicle, specifically intended, designed, constructed or modified, and equipped to be used for, and maintained or operated for, the emergency treatment and/or transportation of persons who are sick, injured, wounded, or otherwise incapacitated or helpless.~~
- ~~1.8 "Ambulance Service Advisory Board" (ASAB) hereinafter referred to as the board, is the board appointed and functioning pursuant to the provisions of §23-4.1-2 and §23-4.1-3 of the Act.~~
- ~~1.9 "Approved course" means a course of instruction for the training of EMTs the content of which meets the national curriculum guidelines of the U.S. Department of Transportation or other such training standards or guidelines as approved by the Department and which shall~~

~~include a practical examination component as defined in the Department's EMT training course guidelines.~~

~~1.10 **"Attendant"** hereinafter referred to as Emergency Medical Technician (EMT) means an individual who holds a license to function in one of the following classifications of emergency medical technicians and in accordance with the provisions of the Act and these Regulations:~~

~~1.10.1 **"Emergency Medical Technician-Basic"** (EMT-B) means an individual who holds a certificate of completion of an EMT-B emergency medical training course approved by the Department and who holds a license to function as an EMT-B in Rhode Island in accordance with the requirements of these Regulations. The "Emergency Medical Technician-Ambulance (EMT-A)" licensure designation shall be synonymous with that of "Emergency Medical Technician-Basic (EMT-B)."~~

~~1.10.2 **"Emergency Medical Technician-Intermediate"** (EMT-I) means an individual who holds a certificate of completion of an EMT-B emergency medical training course and the EMT-I emergency medical training course approved by the Department and who holds a license to function as an EMT-I in Rhode Island, in accordance with these Regulations the regulatory requirements herein. The "Emergency Medical Technician-Intermediate (EMT-I)" licensure designation shall be synonymous with that of "Emergency Medical Technician-Basic (EMT-B)."~~

~~1.10.3 **"Emergency Medical Technician-Cardiac"** (EMT-C) means an individual who holds a certificate of completion of an EMT-B emergency medical training course and an EMT-C training course approved by the Department and who holds a license in Rhode Island to function as an emergency medical technician-cardiac, in accordance with the requirements of these Regulations.~~

~~1.10.4 **"Emergency Medical Technician-Paramedic"** (EMT-P) means an individual who holds a certificate of completion of an EMT-B emergency medical training course and an EMT-Paramedic training course approved by the Department and who holds a license in Rhode Island to function as an emergency medical technician-paramedic in accordance with the requirements of these Regulations.~~

~~1.11 **"Automated External Defibrillator"** (AED) means an automatic or semi-automatic defibrillator designed to deliver a prescribed sequence of electrical countershocks to a patient suffering from cardiac arrest due to ventricular fibrillation or ventricular tachycardia.~~

~~1.12 **"Basic life support (BLS)"** means a level of prehospital emergency care that consists of basic emergency functions including cardiopulmonary resuscitation (CPR) and other techniques and procedures as authorized by the Department in accordance with the requirements of these Regulations.~~

~~1.13 **"Board"** means the Ambulance Service Coordinating Advisory Board established pursuant to §23-4.1-2 of the Act.~~

- ~~1.14 **"Certificate of Inspection"** means the sticker or other device affixed to an ambulance indicating successful completion of an annual ambulance inspection conducted by the Department.~~
- ~~1.15 **"Change of ownership"**, as used in these Regulations, means~~
- ~~(a) in the case of an ambulance service that is a partnership, the removal, addition or substitution of a partner which results in a new partner acquiring a controlling interest in such partnership;~~
 - ~~(b) in the case of an ambulance service that is an unincorporated solo proprietorship, the transfer of the title and property to another person;~~
 - ~~(c) in the case of an ambulance service that is a corporation:~~
 - ~~(i) a sale, lease, exchange or other disposition of all, or substantially all, of the property and assets of the corporation; or~~
 - ~~(ii) a merger of the corporation into another corporation; or~~
 - ~~(iii) the consolidation of two or more corporations, resulting in the creation of a new corporation; or~~
 - ~~(iv) in the case of an ambulance service that is a business corporation, any transfer of corporate stock which results in a new person acquiring a controlling interest in such corporation; or~~
 - ~~(v) in the case of an ambulance service that is a non-business corporation, any change in membership which results in a new person acquiring a controlling vote in such corporation.~~
- ~~1.16 **"Commission on Accreditation of Medical Transport Systems"**, hereinafter referred to as **"CAMTS"**, means a not-for-profit organization which issues certificates of accreditation by providing a mechanism to assure the protection of the public through verifying achievement of accreditation standards for patient care and safety for air and ground medical transport services.~~
- ~~1.17 **"Department"** means the Rhode Island Department of Health.~~
- ~~1.18 **"Director"** means the Director of the Rhode Island Department of Health.~~
- ~~1.19 **"Direct patient contact"** means any routinely anticipated face-to-face interaction with patients for whom an Emergency Medical Technician is attending or providing emergency medical care or is otherwise transporting.~~
- ~~1.20 **"Division"** means the Division of Emergency Medical Services, Rhode Island Department of Health.~~
- ~~1.21 **"Emergency Locator Transmitter (ELT)"** means a radio transmitter attached to the aircraft structure which is designed to locate a downed aircraft without human action after an accident.~~

- ~~1.22 **"Emergency Medical Services"** hereinafter referred to as EMS means the out of hospital services utilized in responding to the real or perceived needs for immediate medical assessment, care, and/or transportation or continuing or preventive care in order to prevent loss of life or aggravation of illness or injury.~~
- ~~1.23 **"Emergency Medical Technician Instructor-Coordinator"**, hereinafter referred to as an EMT Instructor Coordinator, means an individual licensed in Rhode Island in an emergency medical technician classification, and certified/licensed as an EMT Instructor Coordinator in accordance with the Department approved EMT Instructor Coordinator training guidelines, and these Regulations.~~
- ~~1.24 **"Extended role skill"** means a practical treatment skill such as EMT Defibrillation (Automated External Defibrillation AED) or Endotracheal intubation which is not a part of the core curriculum for the training of EMTs, but for which EMTs may become qualified through completion of an approved training program.~~
- ~~1.25 **"FAR"** means federal aviation regulation.~~
- ~~1.26 **"Fixed wing aircraft"** means an aircraft utilized in the delivery of air medical services.~~
- ~~1.27 **"Full accreditation"** means an air medical service demonstrates substantial compliance with the Accreditation Standards.~~
- ~~1.28 **"Interfacility transfer"** means a patient transfer between licensed health care facilities.~~
- ~~1.29 **"Licensed EMS provider"** means any municipal/fire district, volunteer, not for profit and for profit services and the persons employed or affiliated thereof licensed by the Department to provide Emergency Medical Services.~~
- ~~1.30 **"Medical emergency"** means an event affecting an individual(s) in such a manner that there is a real or perceived need for immediate medical care to preserve life or limb.~~
- ~~1.31 **"Municipal service/fire district"** means the corporate authorities of each city/town (municipal service) or the Board of Trustees of any fire protection district (fire district) rendering care as a licensed EMS provider within the said municipality/fire district so as to provide and maintain life saving and rescue personnel, equipment, services and facilities of said city/town or fire district.~~
- ~~1.32 **"Mutual aid/mutual assistance"** means interagency EMS agreements that establish protocols to provide assistance by interacting with other licensed services.~~
- ~~1.33 **"National Registry of Emergency Medical Technicians"**, hereinafter referred to as "National Registry", means a not for profit, independent, non governmental registration agency which issues certificates of competency by providing a mechanism to assure the protection of the public through verifying achievement of the minimal competencies of EMTs at nationally recognized levels of out of hospital care.~~

- 1.34 ~~"Not-for-profit organization" means a licensed EMS provider service/organization which is incorporated with the Secretary of State as a nonprofit corporation under RIGL Chapter 7.6.~~
- 1.35 ~~"Out-of-hospital emergency care" means those emergency medical services rendered for evaluation, stabilization or prevention purposes, precedent to and during transportation of such individuals to or between emergency treatment facilities.~~
- 1.36 ~~"Peer review board" means any committee of a state or local professional association or society, or any committee authorized by the Director, or a committee of any licensed emergency medical service employing practicing licensed emergency medical personnel, organized for the purpose of furnishing emergency medical services, the function of which, or one of the functions of which, is to evaluate and improve the quality of health care rendered by providers of health care service or to determine that health care services rendered were professionally indicated or were performed in compliance with the applicable standard of care or that the cost of health care rendered was considered reasonable by the providers of professional health care services in the area.~~
- 1.37 ~~"Period in which flu is widespread" means a period that commences when the Director declares that there is an outbreak of influenza that is widespread within a defined geographic area in Rhode Island or throughout Rhode Island; and that ends when the Director declares that the outbreak is no longer widespread.~~
- 1.38 ~~"Person" means any individual, trust, or estate, partnership, corporation (including associations, organizations, joint stock companies), or political subdivisions or instrumentality of the state, city or town.~~
- 1.39 ~~"Refresher training course" means a course of instruction, approved by the Department, which follows the review of subjects pertinent to Emergency Medical Technicians and which shall include a practical examination component as defined in the Department's EMT training course standards.~~
- 1.40 ~~"Reportable Event" means any event that interferes with or impedes the normal provision of patient care by the licensed service.~~
- 1.41 ~~"Reportable Incident" means any incident that results in serious injury to a patient not ordinarily expected as a result of the patient's condition, resulting in exacerbation, complication or other deterioration of a patient's condition.~~
- 1.42 ~~"RIGL" means the General Laws of Rhode Island, as amended.~~
- 1.43 ~~"Rotor wing aircraft" means a helicopter utilized in the delivery of air medical services.~~
- 1.44 ~~"State-approved practical examination" means a practical examination offered in conjunction with a Department-approved EMT training course.~~
- 1.45 ~~"Student" means an individual enrolled in an EMT emergency medical training course approved by the Department.~~

- 1.46 ~~"**These Regulations**" mean all parts of Rhode Island *Rules and Regulations Relating to Emergency Medical Services* [R23-4.1-EMS].~~
- 1.47 ~~"**Volunteer**" means a licensed EMS provider who provides emergency medical treatment without expectation of remuneration for any treatment given, other than nominal payment or reimbursements for expenses, and who does not depend in any significant way in the provision of such care for their livelihood.~~

~~Section 2.0 *General Requirements for Licensure*~~

- ~~2.1 An individual shall not function in Rhode Island as an emergency medical technician as defined in §1.10 of these Regulations without being licensed as an emergency medical technician in accordance with the Act and these Regulations.~~
- ~~2.2 A person, except those exempt pursuant to §§ 23-4.1-6(d) and (e) of the Act, shall not engage in the business or service of providing emergency medical services and/or transportation of patients in Rhode Island, unless licensed by the Director as an ambulance service in accordance with the Act and these Regulations.~~
- ~~2.3 The fees provided for in this section shall be deposited as general revenues and shall not apply to any city or town employee providing services referenced in the Act on behalf of the city or town, and shall not apply to any individual providing services referenced in the Act on behalf of any bona fide volunteer or not for profit organization. Further, the services licensure fees and vehicle inspection fees shall not apply to services and vehicles operated by any city, town, or fire district or to services and vehicles operated by bona fide volunteer or not for profit organizations.~~
- ~~2.4 Any ambulance service, vehicle or person licensed or certified in another state or commonwealth to provide emergency medical treatment, and entering Rhode Island in response to a call for assistance from a Rhode Island licensed ambulance service or in a mass casualty/major incident situation is exempt from the provisions of these Regulations requiring licensure or certification.~~
- ~~2.5 These Regulations shall not prohibit a person enrolled in an EMT emergency medical training course approved by the Department, under the direct supervision of an appropriately licensed health care professional, from performing those duties consistent with the requirements for completion of a student's clinical or field service training program.~~

~~PART II *Licensing Requirements for Emergency Medical Technicians/Instructor Coordinators*~~

~~Section 3.0 *License Requirements*~~

- ~~3.1 It shall be unlawful for any individual to practice or to offer to practice in Rhode Island in any classification of emergency medical technician as defined under §1.10 of these Regulations, or to use any title, abbreviation, sign, or card or device, or to indicate that such individual is functioning as an emergency medical technician unless such an individual holds a current license in one of the emergency medical technician classifications in accordance with these Regulations and the Act, except those exempted under certain conditions as specified in the Act.~~

~~Section 4.0 *Qualifications of Emergency Medical Technicians*~~

- ~~4.1 Applicants for licensure to function in Rhode Island in one of the classifications of emergency medical technician shall meet the following requirements:~~
- ~~4.1.1 Aged eighteen (18) years or older;~~
 - ~~4.1.2 Be a high school graduate or equivalent;~~
 - ~~4.1.3 Have demonstrated to the satisfaction of the Director that he/she is of good moral character;~~
 - ~~4.1.4 Provide a current course certificate which demonstrates evidence of having successfully completed an approved course in cardiopulmonary resuscitation (CPR);~~
 - ~~4.1.5 Have successfully completed a Department approved Emergency Medical Technician training course conducted under the supervision of an EMS Instructor Coordinator for the license classification for which the applicant is applying. Such training shall have been completed within three (3) years of the date of license application. **OR**~~
 - ~~Possess current National Registry registration; **OR**~~
 - ~~Possess current license in another jurisdiction where the training is deemed to be equivalent to that in this state (see section 4.4 herein).~~
 - ~~4.1.6 Declare his or her affiliation, if any, with an ambulance service licensed in Rhode Island.~~
 - ~~4.1.7 Have successfully completed an examination, as indicated in §6.0 of these Regulations, for a specific classification for which the applicant is seeking licensure.~~
 - ~~4.1.8 Individuals who are graduates of programs following the approved curriculum of the Department of Transportation for the training of EMT Paramedics and who are not currently registered as an EMT Paramedic by the National Registry at the time of application may be licensed as EMT-Cs in Rhode Island upon successful completion of the appropriate Department approved written examination in accordance with §6.0 of these Regulations and upon documentation of graduation from said paramedic training program. In the absence of a current EMT-P license from a Department~~

~~approved jurisdiction, such Department approved EMT P training must have been completed within three (3) years from the date of license application.~~

~~4.1.9 **Emergency Medical Technician-Cardiac (EMT-C):** Current licensure as an EMT-B or higher and completion of a Department approved Emergency Medical Technician-Cardiac (EMT-C) training course completed within three (3) years from the date of license application.~~

~~4.1.10 **Emergency Medical Technician-Paramedic (EMT-P):** Current licensure as an EMT-B or higher and successful completion of a Department approved Emergency Medical Technician-Paramedic (EMT-P) Training course and current registration as a paramedic by the National Registry.~~

~~4.2 EMT paramedic applicants shall possess current registration as a paramedic by the National Registry.~~

Other Health Professions

~~4.3 Individuals licensed or certified in a health profession in Rhode Island seeking to function as an emergency medical technician shall be required to be licensed as an emergency medical technician by successfully passing the Department approved written examination for licensure in one of the classifications of emergency medical technician based on the individual's level of training and experience as follows:~~

~~(a) Currently, licensed registered nurses, physicians or physician assistants who possess a current Rhode Island EMT-B or EMT-I license and are certified in one (1) professional certification from both Category I and Category II as listed below may be licensed as EMT-Cs upon successfully passing the Department approved written examination for initial licensure in accordance with §6.0 of these Regulations.~~

Category I

- ~~(1) Certified Emergency Nurse (CEN) – Emergency Nurses Association~~
- ~~(2) Critical Care Registered Nurse (CCRN) – American Association of Critical Care Nurses~~
- ~~(3) Advanced Cardiac Life Support (ACLS) – American Heart Association~~

Category II

- ~~(1) Basic Trauma Life Support (BTLS) – American College of Emergency Physicians~~
- ~~(2) Advanced Trauma Life Support (ATLS) – American College of Emergency Physicians~~
- ~~(3) Trauma Nurse Core Course (TNCC) – Emergency Nurses Association~~
- ~~(4) Prehospital Trauma Life Support (PHTLS) – American College of Surgeons~~

Licensure by Endorsement

~~4.4 An individual currently licensed as an EMT in another state or jurisdiction may be licensed in Rhode Island by successfully passing the Department approved written licensure examination in the specific classification in which he or she was trained. Provided, however,~~

~~the applicant shall submit documented evidence of successful completion of said training program in the specific classification for which the applicant is seeking licensure. Furthermore the applicant shall provide documented evidence that the training program is equivalent to the training program offered in Rhode Island at the time of the application and which includes an equivalent final practical examination as administered by the out of state training program or the state licensing agency.~~

~~Section 5.0 *Application for Licensure and Fee*~~

- ~~5.1 Each application for licensure as an Emergency Medical Technician shall be made on forms provided by the Department, which shall be completed prior to the scheduled date of examination. Such application shall be accompanied by the following documents:~~
- ~~(a) Evidence of having successfully completed an approved course of EMT training for the license classification for which the applicant is applying;~~
 - ~~(b) Current course certificate providing evidence of having successfully completed an approved course in cardiopulmonary resuscitation (CPR);~~
 - ~~(c) Official declaration of affiliation, if any, with a licensed ambulance service;~~
 - ~~(d) Such other information as the Department may require;~~
 - ~~(e) The application fee as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health* for those individuals not exempt under §2.3 of these Regulations.~~

~~*Obligation to Report*~~

- ~~5.2 Each application for licensure as an Emergency Medical Technician shall be considered a continuing application with the applicant/licensee having an affirmative duty to report to the Division in writing within ten (10) days any of the following:~~
- ~~(a) Any felony charge or felony conviction in Rhode Island or any other jurisdiction;~~
 - ~~(b) Any charge or conviction for driving while intoxicated in Rhode Island or any other jurisdiction;~~
 - ~~(c) Any charge or conviction for driving under the influence in Rhode Island or any other jurisdiction;~~
 - ~~(d) Any charge or conviction for driving so as to endanger in Rhode Island or any other jurisdiction.~~

~~Section 6.0 *Licensing of Emergency Medical Technician/EMT Instructor Coordinators*~~ **~~*Emergency Medical Technicians*~~**

- ~~6.1 Applicants shall be required to pass a Department approved written and a practical examination for the specific classification for which the applicant is seeking licensure to test the qualifications of the applicants in accordance with the requirements of these Regulations.~~

~~6.1.1 ***By Examination:*** For written examinations:~~

- ~~(a) The minimal passing score of each written licensure or relicensure examination administered shall be seventy percent (70%);~~
- ~~(b) Examinations shall be given at least twice a year at such time and place as designated by the Director;~~
- ~~(c) An examination fee as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health* shall be submitted along with the application for examination, for those individuals not exempt under §2.3 of these Regulations. The examination fee shall be nonrefundable/non-returnable.~~
- ~~(d) The written examination shall be in English. The use of interpreters or others to assist in communicating shall not be permitted during the written examination. No oral form of the examination will be made available;~~
- ~~(e) Applicants entering the examination process will have a period of one (1) calendar year from the date of first examination to satisfactorily complete all requirements for EMT licensure. Failure to complete all licensing requirements within one calendar year from the date of first examination will require the candidate to initiate a new application and complete all licensing requirements set forth in these Regulations.~~

~~6.1.2 **Without Examination:** A license may be issued without examination to:~~

- ~~(a) an applicant who holds a current license from a state or jurisdiction that has a current reciprocity agreement with Rhode Island; or~~
- ~~(b) applicants for EMT B licensure who submit documentation of current registration as an EMT B by the National Registry at the time of licensure application.~~

~~6.1.3 **Re-Examination:**~~

- ~~(a) Within one (1) calendar year from the date of the first examination, all applicants shall be allowed six (6) attempts to satisfactorily pass a written examination.

 - ~~(i) In the event of a third (3rd) failure, notwithstanding the filing of a new application, the opportunity for re-examination(s) shall be subject to the applicant's successful completion of a Department approved refresher training course. Upon successful completion of the refresher training course, the applicant shall be allowed an additional three (3) attempts to satisfactorily pass a written examination~~
 - ~~(ii) In the event of a sixth (6th) failure, the opportunity for re-examination(s) shall be subject to the applicant's prior repetition of the full course of instruction as required by the Department for that classification of licensure.~~~~
- ~~(b) A re-examination fee as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health* shall be rendered for each re-examination prior to the date of testing for those individuals not exempt under §2.3 of these Regulations. The re-examination fee shall be non-refundable/non-returnable.~~

~~***EMT Instructor-Coordinator***~~

- ~~6.2 A licensed EMT who holds a certificate of successful completion of the EMT Instructor-Coordinator Training Program approved by the Department shall be eligible for licensure as an EMT Instructor-Coordinator.~~
- ~~6.2.1 A license issued to an EMT Instructor-Coordinator shall be valid for a maximum of three (3) years from the date of issuance and may be renewed every three (3) years (unless sooner suspended or revoked) provided the applicant meets the relicensure requirements set forth in these Regulations. Licenses issued pursuant to this section shall expire on the same date as the holder's EMT license.~~

~~***Instructor-Coordinator Licensure for Rhode Island Applicants***~~

- ~~6.3 To qualify for admission to the EMT Instructor-Coordinator Training Program, an applicant shall meet the following requirements:~~
- ~~(a) Hold a current Rhode Island EMT license;~~
 - ~~(b) Held a Rhode Island license or been licensed in a Department-approved jurisdiction for a period of at least five (5) years;~~
 - ~~(c) Participated as faculty in a Department-approved EMT program. This shall include instruction in all psychomotor skill stations as may be required for licensure as a Rhode Island EMT Basic. Participation shall have occurred within the last three (3) years;~~
 - ~~(d) Secured the signature(s) of the Rhode Island licensed EMT Instructor-Coordinator(s) verifying demonstrated proficiency in the instruction of psychomotor skills required for EMT Basic licensure.~~
- ~~6.4 Upon successful completion of the EMT Instructor-Coordinator training program and prior to licensure as an EMT Instructor-Coordinator, each person shall fulfill the following post-graduate requirements:~~
- ~~(a) Successful completion of twenty four (24) hours of student teaching (i.e., five (5) lectures and three (3) labs, with no repeated sessions) under the direction of at least three (3) Rhode Island-licensed Instructor-Coordinators.~~
 - ~~(b) Successful completion of a Rhode Island Instructor-Coordinator administrative orientation session where training materials, regulations, and other information about conducting courses will be covered in detail.~~
- ~~6.5 A licensed EMT who holds a certificate of successful completion from a Department-approved EMT Instructor-Coordinator training program shall be eligible for licensure as an EMT Instructor-Coordinator. Licensure shall be contingent upon the successful completion of post-graduate requirements stated above within a period of one (1) year following the conclusion of the EMT Instructor-Coordinator training program..~~

~~***Instructor-Coordinator Licensure for Out-of-State Applicants***~~

- ~~6.6 An out-of-state applicant for licensure as a Rhode Island EMT Instructor-Coordinator shall hold a certificate of completion from a Department-approved Instructor-Coordinator training program.~~
- ~~6.7 The applicant shall also meet the following requirements:~~
- ~~(a) Hold a current Rhode Island EMT license;~~
 - ~~(b) Held a Rhode Island license or been licensed in a Department-approved jurisdiction for a period of at least five (5) years;~~
 - ~~(c) Participated as faculty in a Department-approved EMT program. This shall include instruction in all psychomotor skill stations as may be required for licensure as a Rhode Island EMT Basic. Participation shall have occurred within the last three (3) years;~~
 - ~~(d) Secured the signature(s) of the Rhode Island licensed EMT Instructor-Coordinator(s) verifying demonstrated proficiency in the instruction of psychomotor skills required for EMT Basic licensure.~~
 - ~~(e) Successful completion of a Rhode Island Instructor-Coordinator administrative orientation session where training materials, regulations, and other information about conducting courses will be covered in detail.~~
- ~~6.8 An applicant for licensure as a Rhode Island EMT Instructor-Coordinator who holds a certificate of course completion from a Department-approved EMT Instructor-Coordinator training program shall be deemed to have met the Instructor-Coordinator training program requirements and the Department may waive the EMT student teaching requirement.~~

~~***Instructor-Coordinator Licensure for Applicants with a Baccalaureate Degree or Higher***~~

- ~~6.9 An applicant for licensure as a Rhode Island EMT Instructor-Coordinator who holds a baccalaureate degree (or higher) in education, including student teaching experience, and/or is certified or is eligible for teacher certification in Rhode Island or another jurisdiction, shall meet the foregoing requirements for licensure except that:~~
- ~~6.9.1 The applicant may request a waiver in whole or in part of the EMT Instructor-Coordinator training program and/or student teaching requirements. Such waivers will be granted on a case-by-case basis at the discretion of the Department based on a review of the applicant's credentials and teaching experience. All other requirements, including completion of a Rhode Island EMT Instructor-Coordinator administrative orientation session, shall be met.~~

~~***Instructor-Coordinator Licensure for Out-of-State or Rhode Island Applicants with an NFPA 1041 Fire Instructor Certification***~~

- ~~6.10 An applicant for licensure as a Rhode Island EMT Instructor-Coordinator who holds an NFPA 1041 Fire Instructor Certification, shall meet the foregoing requirements for licensure except that:~~

~~6.10.1 The applicant may request a waiver in whole or in part of the EMT Instructor Coordinator training program and/or student teaching requirements. Such waivers will be granted on a case by case basis at the discretion of the Department based on a review of the applicant's credentials and teaching experience. All other requirements, including completion of a Rhode Island EMT Instructor Coordinator administrative orientation session, shall be met.~~

~~Section 7.0 Issuance and Renewal of License~~

~~7.1 The Director may issue an initial license to those individuals who meet the requirements herein and who have not engaged in any activity described in §14.0 of these Regulations. Such license shall be issued for a period of time consistent with the provisions of these Regulations:~~

~~7.1.1 A license shall be issued which shall expire on a date consistent with the licensure renewal cycle established by the Department and the Board. The licensure renewal system established by the Department and the Board shall be available upon request.~~

~~Renewal of License~~

~~7.2 A license may be renewed prior to the date of its expiration in accordance with the provisions of §7.1.1 of these Regulations, by submitting to the Director, a completed application form together with an application fee (not refundable/non-returnable), as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health* for those individuals not exempt under §2.3 of these Regulations and establishing compliance with the requirements for licensure renewal as prescribed in §7.0 of these Regulations.~~

~~7.3 Any individual functioning in any classification after lapse of licensure shall be considered in violation of the Act and these Regulations and shall be subject to the penalties of the provisions of §23-4.1-9 of the Act.~~

~~Requirements for EMT License Renewal~~

~~7.4 Applicants for EMT B, I or C licensure renewal shall be required to present written evidence of having completed a department approved refresher training course conducted under the supervision of an EMS Instructor Coordinator. Said course shall have been completed prior to the expiration date of the applicant's current license. Provided, however, an EMT B licensee seeking to renew his/her license may submit documentation of a current registration as an EMT B by the National Registry at the time of license renewal in lieu of the requirement above.~~

~~7.5 A refresher course may be conducted by an EMS Instructor Coordinator, who is licensed outside of Rhode Island, provided the applicant submits documented evidence that said course is equivalent to the Department approved refresher course offered in Rhode Island, and provided said course is in the specific classification in which the applicant is trained.~~

~~7.6 Applicants for EMT P Licensure renewal shall be required to submit documentation of a current registration as a paramedic by the National Registry at the time of license renewal.~~

- ~~7.7 EMS Instructor Coordinator applicants for EMT B, I or C license renewal may seek relicensure under the following provisions:~~
- ~~(a) By completion of the training requirements as specified in §7.4 of these Regulations; OR~~
 - ~~(b) By coordinating one EMT B Refresher Training Program, as approved by the Department within the term of the applicant's EMT license. Written evidence of this must be submitted to the Department at the time of relicensure. In addition, applicants for EMT C licensure shall be required to present written evidence of having coordinated a Department approved EMT C refresher training module; OR~~
 - ~~(c) By coordinating one EMT B Training Program and/or one EMT B Refresher Training Program and coordinating an EMT C Training Program as approved by the Department within the term of the applicant's EMT license. Written evidence of this must be submitted to the Department at the time of relicensure.~~
- ~~7.8 EMS Instructor Coordinator applicants for EMT P licensure renewal shall complete the requirements as specified in §7.6 of these Regulations.~~
- ~~7.9 Documented evidence satisfactory to the Director shall accompany each application for license renewal for any emergency medical technician classification as follows:~~
- ~~7.9.1 Emergency Medical Technician (EMT B, I, C) must submit documented evidence of:~~
- ~~(a) A current course certificate providing evidence of successful completion of a Department approved course in cardiopulmonary resuscitation (CPR);~~
 - ~~(b) Successful completion of an approved refresher training course or current registration as an EMT by the National Registry at the time of license renewal;~~
 - ~~(c) Declaration of his/her affiliation, if any, with an ambulance service licensed in this state.~~
 - ~~(d) Application (not refundable/non-returnable) as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health* for those individuals not exempt under §2.3 of these Regulations.~~
- ~~7.9.2 All EMT Instructor Coordinators shall maintain a current EMT license and accrue credits for teaching activity as follows:~~
- ~~(a) EMT Instructor/Coordinators licensed at the EMT Basic, EMT Intermediate, or EMT Cardiac level must complete thirty (30) credits of EMS I/C teaching activity in a three (3) year period.~~
 - ~~(b) EMT Instructor/Coordinators licensed at the EMT Paramedic level must complete twenty (20) credits of EMS I/C teaching activity in a two (2) year period.~~
- ~~7.9.3 An EMT P shall meet the same requirements as specified in §§ 7.9.1(a), (c) and (d) of these Regulations.~~

- ~~7.10 Upon verification of the application and accompanying documentation as required by these Regulations, the Director may grant a license renewal effective for a period consistent with the licensure renewal schedule established by the Department and the Board and in accordance with the provisions of §7.1.1 of these Regulations, unless sooner suspended or revoked for just cause.~~

Renewal of Lapsed Licenses: EMTs

- ~~7.11 Any licensee who allows his or her license to lapse for a period of less than one (1) year by failing to renew the license by the appropriate date or who has not maintained current licensure in a Department approved jurisdiction may be reinstated upon submission of a license application and fee as outlined in §5.1 of these Regulations, and upon meeting the licensure renewal requirements as required in §7.0 of these Regulations.~~

~~(a) Any individual in any classification whose license has lapsed for a period of one (1) to five (5) years or who has not maintained current licensure in a Department approved jurisdiction may be relicensed by successfully completing an approved refresher training course as specified per §7.4 of these Regulations. Further, the reapplicant shall complete other such relicensure requirements as stated in these Regulations. Upon successful completion of said course, the reapplicant will then be required to take and pass a written examination for licensure. An examination fee as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health* shall be submitted along with the application for examination, for those not exempt under §2.3 of these Regulations. The examination fee shall be non-refundable.~~

~~(b) Reapplicants entering the examination process will have a period of one (1) calendar year from the date of first examination to satisfactorily complete all requirements for EMT licensure. Failure to complete all licensing requirements within one (1) calendar year from the date of first written examination will require the candidate to initiate a new application and complete all licensing requirements set forth in §4.0 of these Regulations.~~

~~(i) EMT-B or I Reapplicants:~~

~~(1) Upon successful completion of the EMT Basic Refresher Training Program described in §7.11(b) of these Regulations, reapplicants shall be eligible to sit for the EMT Basic (EMT-B) licensure examinations, regardless of whether the reapplicant originally held an EMT-B or EMT-I license.~~

~~(2) Reapplicants completing the required components of the EMT-B examination within one calendar year from the date of the first examination shall be awarded an EMT-B license, regardless of whether the reapplicant originally held an EMT-B or EMT-I license.~~

~~(c) An EMT-B or I whose license has lapsed for a period of one (1) to five (5) years or who has not maintained current licensure in a Department approved jurisdiction may be relicensed by submitting documentation of current registration as a EMT-B by the National Registry at the time of license renewal and other such relicensure requirements as specified herein. Upon approval of said documentation and other materials as required~~

~~herein by the Department, the reapplicant shall be awarded an EMT B license, regardless of whether he or she originally held an EMT B or EMT I license.~~

- ~~(d) Any individual in any classification whose license has lapsed for five (5) years or longer or who has not maintained current licensure in a Department approved jurisdiction shall be subject to the requirements for initial license as set forth in §§ 4.0, 5.0 and 6.0 of these Regulations.~~

~~Renewal of Lapsed Licenses: EMT Instructor/Coordinators~~

- ~~7.12 Any licensee who allows his/her EMT Instructor/Coordinator license to lapse for a period of less than twelve (12) months by failing to renew the license by the appropriate date or who has not maintained current licensure in a Department approved jurisdiction may be reinstated upon submission of a license application, and meeting the licensure renewal requirements as required in §7.0 of these Regulations.~~

- ~~7.13 Any EMT Instructor/Coordinator whose license has lapsed for a period of twelve (12) to twenty four (24) months or who has not maintained current licensure in a Department approved jurisdiction may be relicensed upon:~~

- ~~(i) Successful completion of twenty four (24) hours of student teaching (i.e., five (5) lectures and three (3) labs, with no repeated sessions) under the direction of at least three (3) Rhode Island licensed Instructor/Coordinators.~~
- ~~(ii) Successful completion of a Rhode Island Instructor/Coordinator administrative orientation session where training materials, regulations, and other information about conducting courses will be covered in detail.~~
- ~~(iii) Successful completion of any additional EMT Instructor/Coordinator training requirements established by the Department.~~
- ~~(iv) Submission of a license application and meeting the licensure renewal requirements as required in §7.0 of these Regulations.~~

- ~~7.14 Any EMT Instructor/Coordinator whose license has lapsed for a period of twenty four (24) months or longer or who has not maintained current licensure in a Department approved jurisdiction shall be subject to the requirements for initial license as set forth in §§ 4.0, 5.0 and 6.0 of these Regulations.~~

~~Re-Examination:~~

- ~~7.15 Within one (1) calendar year of the date of the first examination, all reapplicants shall be allowed six (6) attempts to satisfactorily pass a written examination.~~

- ~~(a) In the event of a third (3rd) failure, notwithstanding the filing of a new application, the opportunity for re-examination(s) shall be subject to the reapplicant's successful completion of a Department approved refresher training course.~~
- ~~(b) Upon successful completion of the refresher training course, the reapplicant shall be allowed an additional three (3) attempts to satisfactorily pass a written examination.~~

- ~~(c) In the event of a sixth (6th) written failure, the opportunity for re-examination(s) shall be subject to the reapplicant's prior repetition of the full course of instruction as required by the Department for that classification of licensure.~~

~~Section 8.0 **Functions and Responsibilities of Emergency Medical Technicians**~~

- ~~8.1 Each Emergency Medical Technician in discharging his or her functions and responsibilities for specific classifications as outlined hereunder for which he or she is licensed, shall be subject to the current standards of practice as set forth in the *State of Rhode Island Prehospital Care Protocols and Standing Orders* [Reference 6] approved by the Department.~~
- ~~8.2 Interfacility transfer care shall be governed by the interfacility transfer protocol as set forth in the *State of Rhode Island Protocols and Standing Orders* [Reference 6] approved by the Department.~~

~~**General Responsibilities Relating to all Classifications of Emergency Medical Technicians**~~

- ~~8.3 Pursuant to the provisions of §23-4.1-14 of the Act, any person requiring emergency medical transportation from his/her home or business establishment by any private or public ambulance or rescue vehicle, and no member of the patient's family, household or a business associate is present at the time of evacuation, the rescue team shall affix a sticker or other means of notification in the place of evaluation. The sticker shall note the patient's name, if available and a telephone number where information can be obtained to ascertain the patient's whereabouts. Failure to comply with the provisions of this section shall not result in any civil or criminal liability on the part of the private or public ambulance or rescue vehicle company or their personnel.~~

~~**Emergency Medical Technician-Ambulance/Basic (EMT-B)**~~

- ~~8.4 Functions which a licensed EMT-B is authorized to perform based on his/her training, include basic emergency medical care as defined in the *State of Rhode Island Prehospital Care Protocols and Standing Orders* [Reference 6].~~
- ~~8.5 Responsibilities which a licensed EMT-B shall assume include the following:~~
- ~~(1) Upon arrival at the scene of a medical emergency, promptly treat any sick or injured person and continue treatment as needed until relieved by an equally skilled or more skilled provider unless the health or safety of the Emergency Medical Technician is jeopardized;~~
 - ~~(2) At no time persuade or attempt to persuade any person engaging an ambulance to patronize or retain the services of any particular: nursing home, mortuary, cemetery, attorney, accident investigatory, nurse, physician or other service, occupation or profession, except where treatment protocols approved by the Department designates specific facilities;~~
 - ~~(3) Insure that deficiencies in ambulance equipment are reported to the proper authority;~~
 - ~~(4) Maintain patient compartment in ambulance and equipment clean and safe and in working condition;~~

- ~~(5) Any additional duties necessary to discharge his/her function as an EMT B; and~~
- ~~(6) In addition to the responsibilities listed, an EMT may perform the functions of any extended role skills for which he or she has been trained and certified in a Department approved training program.~~
- ~~(7) Maintain current knowledge of Department regulations and EMS prehospital care protocols and standing orders.~~
- ~~(8) Complete the Department approved Run Report(s) of all emergency calls with such data as the nature of the call, disposition of patient, emergency care administered and such other data as may be deemed necessary by the Department.~~
- ~~(9) Maintain compliance with the *Rhode Island Diversion Plan* and associated policies as referenced herein.~~

~~***Emergency Medical Technician-Cardiac (EMT-C)***~~

- ~~8.6 Functions which a licensed EMT-C is authorized to perform include advanced emergency medical care as defined in the *State of Rhode Island Prehospital Care Protocols and Standing Orders* [Reference 6].~~
- ~~8.7 Responsibilities which a licensed EMT-C must assume include all the responsibilities of the EMT B listed in §8.4 and §8.5 of these Regulations in addition to duties necessary to discharge his/her functions as an EMT-C.~~

~~***Emergency Medical Technician-Paramedic (EMT-P)***~~

- ~~8.8 Functions which a licensed EMT-P is authorized to perform based on his/her training include advanced emergency medical care as defined in the *State of Rhode Island Prehospital Care Protocols and Standing Orders* [Reference 6].~~
- ~~8.9 Responsibilities which a licensed EMT-P must assume include all the responsibilities of an EMT-C listed in §8.6 of these Regulations, and in addition to those duties necessary to discharge his/her functions as an EMT-P.~~

~~***Extended Role Skills***~~

- ~~8.10 EMTs performing extended role skills, as defined in these Regulations, shall have completed a Department approved training program and received Department required certification before such skills are utilized.~~

~~***EMT Instructor-Coordination***~~

- ~~8.11 All EMT Instructor-Coordination shall:~~
 - ~~(a) Conduct and/or administer Department approved training program(s) in accordance with standards set forth by the Department.~~
 - ~~(b) Submit an application for those training programs requiring prior approval by the Department in accordance with the requirements set forth herein or the Department's application procedures.~~

- ~~(c) Offer a training program which is consistent with the approved application.~~
- ~~(d) Observe recognized professional standards in the course content and operation of the training program. Such standards include adherence to R.I. Prehospital Care Protocols and other such standards as may be established by the Department.~~
- ~~(e) Utilize training personnel who are appropriate for the type of training offered. (The I/C is responsible for the conduct of any lesson which is offered, regardless of who delivers it and whether it is a lecture or practical demonstration.) This includes physicians and other specialty lectures where the I/C must assure that the material presented is appropriate and delivered at a level of comprehension suitable to a basic student. Responsibility for the lesson includes insuring appropriateness of all equipment and supplies regardless of who utilizes them.~~
- ~~(f) Maintain acceptable and consistent student performance on the Department approved written state licensure examination as compared to the state average for similar groups.~~
- ~~(g) Keep accurate and adequate records of course management for a period no less than five (5) years. Such records shall include, but not be limited to: student attendance; grades; evaluation of written and practical skills and examinations; in hospital observation times/clinical rotations and locations; lesson make-up; guest lecturer and instructor aide attendance; issuance of CPR cards; a record of training completed by all graduates and attendees; other records relevant to the conduct of the course.~~
- ~~(h) Allow the Department to inspect, observe, or evaluate programs, including program personnel, facilities, classes and clinical practice sessions.~~
- ~~(i) Attend Department mandated training programs, instructional updates, examiner sessions or other such programs as may be required by the Department.~~
- ~~(j) Consistently comply with the Department examination process for EMT licensure/certification, and in no way influence or attempt to influence the outcome of any examination.~~
- ~~(k) Maintain professional, responsible and accountable conduct related to the role of EMT Instructor Coordinator.~~

~~Documentation of Pre-Hospital Exposure of Emergency Medical Services Workers~~

- 8.12 In accordance with §23-4.1-19 of the Act, any emergency service worker responding on behalf of a licensed ambulance/rescue service, or a fire department or a law enforcement agency who has sufficient reason to believe that, in the course of their professional duties, they have been exposed to bodily fluids or other substances that may result in the worker contracting a serious infection and/or illness shall complete a pre-hospital exposure form approved by the Department. The worker shall file a copy of the form with the hospital receiving the transported patient believed to be the source of the infectious materials to which the worker believes he or she has been exposed. The worker shall file the form with the hospital immediately post exposure. The worker shall retain a copy of the completed form, except for that information protected by applicable confidentiality laws. The source patient's diagnostic information shall not appear on the pre-hospital exposure form.

Medical Exemption and Influenza Vaccination Refusal

- ~~8.13 (a) An Emergency Medical Technician shall be exempt from the influenza vaccination requirements described in of these Regulations provided that a physician, physician assistant, or certified registered nurse practitioner signs a medical exemption stating that the Emergency Medical Technician is exempt from a specific vaccine because of medical reasons, in accordance with Advisory Committee on Immunization Practices (ACIP) guidelines. [References 8 & 9.]~~
- ~~(b) A medical exemption shall be valid for five (5) years, unless the physician, physician assistant, or certified registered nurse practitioner limits or expands the exemption period. An Emergency Medical Technician who has a medical exemption must submit a new one within thirty (30) days of the expiration of the five (5) years or other period granted by the physician, physician assistant, or certified registered nurse practitioner who signs the medical exemption.~~
- ~~8.14 Whenever the Director declares a period in which flu is widespread in a defined geographic area in Rhode Island or throughout Rhode Island, the requirements of these Regulations for wearing surgical face masks shall apply only to those non-immunized Emergency Medical Technicians in defined geographic areas for which the period is declared.~~
- ~~8.15 Any Emergency Medical Technician who provides proper annual notice of a §8.13 medical exemption to annual seasonal influenza vaccination to each employer prior to December 15 of each year shall be required during any declared period in which flu is widespread -- as part of his or her professional licensing obligation -- to wear a surgical face mask for the duration of each direct patient contact in the performance of his or her duties.~~
- ~~8.16 Any Emergency Medical Technician may refuse the annual seasonal influenza vaccination requirements described in these Regulations; provided, however, that he or she provides proper annual written notice of such refusal to each employer prior to December 15 of each year; and provided, however, that he or she who so refuses shall be required during any declared period in which flu is widespread -- as part of his or her professional licensing obligation -- to wear a surgical face mask during each direct patient contact in the performance of his or her duties.~~
- ~~8.17 Each such yearly notice required by §8.16 of these Regulations shall contain the following statement: "I refuse to obtain the annual seasonal influenza vaccination. I understand that, by refusing such vaccination, it is my professional licensing obligation to wear a surgical face mask during each direct patient contact in the performance of my professional duties during any declared period in which flu is widespread. I understand that the consequence for failing to do so shall result in a one hundred dollar (\$100) fine for each violation. Failing to do so may also result in a complaint of Unprofessional Conduct being presented to the licensing board that has authority over my professional license. I understand that such licensing complaint, if proven, may result in a sanction such as reprimand, or suspension or revocation of my professional license." Such statement shall be signed and dated by the Emergency Medical Technician each year that it is submitted to each employer. No Emergency Medical Technician shall be required to explain his or her refusal to obtain an annual seasonal influenza vaccination, nor shall any entity inquire into the basis of such refusal.~~

- ~~8.18 Any Emergency Medical Technician who holds a license issued by the Department and who shall violate §8.15, §8.16 or §8.17 of these Regulations shall be subject, pursuant to RIGL §23-1-25, to a fine of one hundred dollars (\$100) for each such act. Each such act shall be considered to meet the definition of “unprofessional conduct” as used in each chapter of the Rhode Island General Laws that governs each Emergency Medical Technician’s license.~~
- ~~8.19 Each act that violates §8.15, §8.16 or §8.17 of these Regulations shall form a separate basis for each complaint that may be brought for disciplinary action, based on unprofessional conduct, before the licensing board that has authority over the Emergency Medical Technician’s license issued by the Department. The requirements of §8.15, §8.16 or §8.17 of these Regulations apply to each Emergency Medical Technician regardless of any provision in any collective bargaining agreement or other contract to which the employer and Emergency Medical Technician are parties, or of any written policy of the employer.~~
- ~~18.20 If the Director declares that a shortage exists for annual seasonal influenza vaccine, the Director may modify and/or suspend any requirement for some or all Emergency Medical Technicians to obtain an annual seasonal influenza vaccination and/or any requirement for Emergency Medical Technicians to wear surgical face masks during any direct patient contact in the performance of his or her professional duties; and shall be permitted to extend the deadlines in §8.15 and §8.16 of these Regulations.~~
- ~~18.21 (a) Any employer who knowingly, willingly and expressly refuses to require its Emergency Medical Technicians who have refused an annual seasonal influenza vaccination, or who have a §8.13 medical exemption, to wear a surgical face mask during each direct patient contact in the performance of his or her professional duties during any declared period in which flu is widespread shall be subject, pursuant to RIGL §23-1-25, to a fine of one hundred dollars (\$100) for each such violation committed by any Emergency Medical Technician who is employed.~~
- ~~(b) No employer shall be fined for the act of any Emergency Medical Technician who falsely informs such employer about his or her medical exemption and/or refusal pursuant to §8.13 or §8.16 of these Regulations.~~
- ~~18.22 Each employer shall provide at no financial charge an adequate supply of surgical face masks during any declared period in which flu is widespread at the facility, in the geographic area in which it located, or statewide to any Emergency Medical Technician who has claimed a medical exemption to or has refused the annual seasonal influenza vaccination.~~
- ~~18.23 The purpose of these Regulations relating to annual seasonal influenza vaccination for Emergency Medical Technicians is to protect the public as a whole, patients of Emergency Medical Technicians, and in particular those vulnerable to contracting annual seasonal influenza due to compromised immunity and other medical conditions. Emergency Medical Technicians, like all health care workers, each have a potential for spreading the disease of influenza to their patients, and it is the right of patients of Emergency Medical Technicians to be as safe as possible from the spread of this and other infectious diseases. The reasonable precaution of having each Emergency Medical Technician receive annual seasonal influenza vaccination is expected to significantly reduce the incidence of seasonal influenza among~~

~~patients of Emergency Medical Technicians. The purpose of allowing Emergency Medical Technicians to wear surgical masks during direct patient contact during any declared period in which flu is widespread — in the event they refuse, or have a medical exemption to, an annual seasonal influenza vaccination — is to ensure patient safety and to reduce the chance of Emergency Medical Technicians spreading the influenza virus. Scientific research has shown that the wearing of surgical face masks reduces the transmission of the influenza virus to other human beings. It is not the intent of these Regulations to impose an unnecessary burden on Emergency Medical Technicians but to effectively protect the public.~~

~~***Pain Assessment***~~

- ~~8.24 All health care providers licensed by the State of Rhode Island to provide health care services and all health care facilities licensed under RIGL Chapter 23-17 shall assess patient pain in accordance with the requirements of the ***Rules and Regulations Related to Pain Assessment (R5-37.6-PAIN)*** [Reference 5].~~

~~PART III *Licensing Requirements for Ambulance and Ambulance Services*~~

~~Section 9.0 *License Requirements*~~

- ~~9.1 All persons engaged in the business or service of providing emergency medical services and/or transportation of patients in this state shall comply with the minimum standards for ambulance and ambulance services as prescribed in these Regulations pursuant to §23-4.1-6 of the Act, except those exempt pursuant to §23-4.1-6(e)(2) of the Act.~~

~~*Air Medical Transportation Services*~~

- ~~9.2 Applicants for licensure of air medical services must meet all Federal Aviation Regulations (FARs) specific to the operations of the air medical service.~~
- ~~9.3 Applicants for licensure of air medical services shall be required to demonstrate current Full Accreditation by the Commission on the Accreditation of Medical Transport Systems (CAMTS) [Reference 1] or shall meet the requirements of §9.5 of these Regulations. Air medical services must provide both advanced life support and basic life support services.~~
- ~~9.4 In the event CAMTS withdraws the accreditation of a licensed air medical service, or if the accreditation expires, licensure as an air medical service shall immediately become void and the license shall be returned to the Department.~~
- ~~9.5 If an air medical service is ineligible to apply for CAMTS accreditation based upon stated CAMTS requirements, the applicant shall provide such documentation to the Department to demonstrate equivalence with CAMTS standards for such areas to include, but not be limited to:~~
- ~~• management and operational policies and procedures;~~
 - ~~• aircraft;~~
 - ~~• base facility;~~
 - ~~• helipad;~~
 - ~~• flight operations;~~
 - ~~• communications;~~
 - ~~• maintenance;~~
 - ~~• medical operations;~~
 - ~~• subspecialty care services;~~
 - ~~• equipment and supplies;~~
 - ~~• air medical and flight personnel;~~
 - ~~• community outreach; and~~
 - ~~• other such areas as deemed necessary by the Department.~~
- ~~9.6 The Director shall make or cause to be made such service assessments and aircraft inspections and/or investigations as deemed necessary to determine compliance with the licensure requirements of these Regulations. Prior to granting licensure, the Department shall be reimbursed by the air medical transportation applicant for all fees related to said~~

~~assessments, inspections, and/or investigations, based upon actual costs incurred by the Department.~~

9.7 ~~Provided further, requirements particular to equipment and vehicles for the conduct of interfacility transfers shall be governed by the interfacility transfer protocol as set forth in the State of Rhode Island Protocols and Standing Orders [Reference 6] approved by the Department.~~

9.8 ~~The eight (8) classifications of ambulance vehicles are based on the capability of each ambulance and ambulance service to provide:~~

~~Class A 1: Advanced and Basic Life Support~~

~~Class A 1A: Advanced Life Support limited and Basic Life Support~~

~~Class A 2: Basic Life Support only~~

~~Class C 1: Advanced and Basic Life Support: Equipment and Supplies Only (no transportation)~~

~~Class C 1A: Advanced Life Support limited and Basic Life Support: Equipment and Supplies Only (no transportation)~~

~~Class C 2: Basic Life Support, Equipment and Supplies Only (no transportation)~~

~~Class D 1: Advanced and Basic Life Support: Air Medical Services Rotor Wing Aircraft~~

~~Class E 1: Advanced and Basic Life Support: Air Medical Services Fixed Wing Aircraft~~

9.9 ~~A person shall not operate an ambulance on public ways in Rhode Island if the ambulance is not licensed by the Director pursuant to the provisions of the Act and these Regulations. Furthermore, the ambulance must be owned or leased and be operated by an ambulance service licensed under one of the following classifications:~~

~~Class A: Advanced Life Support only
Vehicle Class: A 1, C 1, D 1, E 1~~

~~Class B: Basic Life Support only
Vehicle Class: A 2, C 2~~

~~Class AB: Advanced and Basic Life Support combined
Vehicles Class: A 1, A 1A, C 1, C 1A and other classes of vehicles as necessary~~

~~Class BA: Basic Life with Limited Advanced capabilities
Vehicles Class: A 2, C 2~~

~~Class U: Advanced or Basic Life Support
Vehicle Class: A1, A 1A, A2 C 1, C 1A, C2
Restricted to university/college services dependent upon a volunteer work force
Service availability may be predicated on academic year schedule.~~

- ~~9.9.1 A licensed Class A1, A 1A, or A2 ambulance shall be utilized and operated exclusively as an ambulance.~~

~~**Advertising Services**~~

- ~~9.10 No service shall describe its services or advertise by any means such as signs, symbols or letterings unless the service and its vehicle(s) are licensed in Rhode Island as an ambulance and ambulance service in accordance with the requirements of these Regulations. All licensed ambulances shall be identified by lettering the name of the service prominently on the rear and on both sides of the vehicle.~~
- ~~9.11 Only vehicles licensed and equipped in accordance with the provisions of these regulations as Class A-1, Class A 1A, Class C-1, C 1A, D-1, or E-1 (Advanced Life Support) vehicles may be advertised or identified by lettering or any other means as "Advanced Life Support", "Mobile Intensive Care" or any similar designation.~~
- ~~9.12 Any licensee licensed pursuant to the Act shall include in any advertising of its services that is directed to the general public the following language: "In case of medical emergency dial 911."~~

~~**Financial Capacity of Private Ambulance Service Providers**~~

- ~~9.13 Private ambulance service providers (ground ambulance services) shall have the following minimum insurance coverage types and limit requirements in effect at all times when applying for initial licensure and at all times while licensed by the Department:~~
- ~~9.13.1 General liability insurance with limits of not less than one million dollars (\$1,000,000) each occurrence and two million dollars (\$2,000,000) aggregate.~~
- ~~9.13.2 Automobile liability insurance with limits of not less than one million dollars (\$1,000,000) each accident and shall include all vehicles used by the applicant.~~
- ~~9.13.3 Professional liability insurance covering errors and omissions with limits of not less than one million dollars (\$1,000,000) per each claim and two million dollars (\$2,000,000) aggregate.~~
- ~~9.13.4 Workers compensation insurance with statutory limits of coverage with employer liability limits of five hundred thousand dollars (\$500,000) each accident, disease limit each employee of five hundred thousand dollars (\$500,000) and disease policy limit of five hundred thousand dollars (\$500,000).~~
- ~~9.14 Private ambulance service providers shall provide the Department with a certificate of insurance or other evidence of insurance coverage which meets or exceeds the requirements of §9.13 under the following circumstances:~~
- ~~9.14.1 Upon initial application;~~
- ~~9.14.2 When the insurance policy is renewed or reissued;~~
- ~~9.14.3 When the dollar value of the coverage changes; and~~
- ~~9.14.4 When there is a change in the insurer issuing the policy.~~

~~9.14.5 Private ambulance service providers already licensed by the Department as of the effective date of these requirements shall provide the required certificate of insurance or other evidence of insurance coverage within thirty (30) days of the effective date of these requirement.~~

~~Section 10.0 *Application for License*~~

- ~~10.1 Each application for a license to conduct, maintain or operate an ambulance and ambulance services as defined in §1.7 of these Regulations shall be made in writing on forms provided by the Department. Said application shall be submitted to the Department and shall contain a list of all persons authorized to act as an attendant on any ambulance owned or operated by them, and such information as the Department reasonably requires which may include affirmative evidence of ability to comply with the provisions of the Act and these Regulations.~~
- ~~10.2 The fees for licensure shall be as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health* for those services/vehicles not exempt under §2.3 of these Regulations.~~
- ~~10.3 Fees shall be submitted with licensure application, and shall be made payable, using cashier's check or money order, to the General Treasurer, State of Rhode Island, or credit card and shall be non-refundable/non-returnable.~~

~~Section 11.0 *Issuance and Renewal of License*~~

- ~~11.1 Upon receipt of an application for a license for an ambulance and/or ambulance service the Director ay issue a license for a period of one (1) year if the applicant meets the requirements of the Act and these Regulations. Said license, unless sooner suspended or revoked, may be renewed annually after approval by the Department.~~
- ~~11.2 Applicants for license renewal of air medical services shall be required to demonstrate continuing current Full Accreditation by the Commission on the Accreditation of Medical Transport Systems (CAMTS) [Reference 1] or shall meet the requirements of §9.5 of these Regulations.~~
- ~~11.3 The licensure renewal schedule for each ambulance service and vehicle is specified in the current *Ambulance Licensure and Inspection Manual* [Reference 3] approved by the Department. The licensure renewal system established by the Department and the Board shall be available upon request.~~
- ~~11.4 For those services/vehicles not exempt, the fees for licensure renewal shall be as cited in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health*.~~

- ~~11.5 Fees shall be submitted with the renewal licensure application and shall be made payable, using a cashier's check or money order, to the General Treasurer, State of Rhode Island, or credit card and shall be nonrefundable/non-returnable.~~
- ~~11.6 A license shall be issued to a specific licensee for a specific classification of ambulance under § 9.8 of these Regulations and ambulance service under §9.9 of these Regulations and shall not be transferable. The license shall be issued only to the individual owner, or to the corporate entity responsible for its governance.~~
- ~~11.7 A license issued pursuant to these Regulations shall be the property of the State of Rhode Island and loaned to such licensee and it shall be kept posted in a conspicuous place in the ambulance or in the office of the ambulance service.~~
- ~~11.8 When a change of ownership or operation or when discontinuation of a service is contemplated, the owner and/or corporate entity shall notify the Department in writing sixty (60) days prior to the proposed action.~~
- ~~11.9 A license shall immediately become void and shall be returned to the Department when service is discontinued or when any changes in ownership occur.~~
- ~~11.10 Upon such a change of ownership, the Director shall issue a ninety (90) day temporary license upon the application of the new owner for a current license pursuant to §23 4.1 6(f) of the Act. A license fee as set forth in the *Rules and Regulations Pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health* shall be non-refundable/non-returnable for those services not exempt under §2.3 of these Regulations.~~
- ~~11.11 The Director shall make or cause to be made such inspections and investigations as deemed necessary to determine compliance with the licensure requirements of these Regulations.~~
- ~~11.12 Every ambulance and ambulance service shall be given prompt notice of all deficiencies reported as a result of inspections or investigations in accordance with procedures established by the Department. No vehicle licenses will be issued without full correction of all deficiencies cited in the inspections.~~

~~Section 12.0 *Standards for All Classifications of Ambulances and Ambulance Services*~~

- ~~12.1 **Availability:** Each ambulance service licensed in Rhode Island shall be available to provide ambulance services to individuals requiring emergency medical care on a twenty four (24) hour basis, seven (7) days a week, year round either directly or under a written arrangement, approved by the Department, with other licensed EMS services. If other such arrangements are made, a copy of the written agreement between the services to that effect shall be submitted by the service requiring the service coverage to the Department for approval prior to the commencement of such arrangement and as part of their EMS service license application. Class U services are exempt from the twenty four (24) hour, seven (7) days a week, year round requirement.~~

~~12.2 **Policies and Procedures:** Each ambulance service shall have written policies and procedures that are consistent with Department rules and regulations, accepted standards of EMS care, and applicable laws. These policies shall set out guidelines for operating and maintaining the service and its ambulances. Copies of such policies shall be provided to all EMTs affiliated with the ambulance service. These policies shall be comprehensive in nature shall reflect current day to day operations, and shall address subjects to include but not be limited to:~~

- ~~1. Licensure requirements for EMTs, including the service's responsibility to ensure all personnel maintain current licensure;~~
- ~~2. Orientation of all new ambulance service personnel;~~
- ~~3. Duties related to transportation and delivery of patient to appropriate healthcare facilities;~~
- ~~4. Non-discrimination, freedom from harassment;~~
- ~~5. Arrangements for backup services and mutual aid, including provisions for when such services are to be used;~~
- ~~6. Dispatch and communications;~~
- ~~7. Stocking of medications, supplies, and equipment;~~
- ~~8. Use of lights and warning signals;~~
- ~~9. Staffing requirements and duties;~~
- ~~10. Conduct of personnel;~~
- ~~11. Mechanical failure of vehicles or equipment;~~
- ~~12. Compliance with inspection authorities;~~
- ~~13. Infection control procedures consistent with OSHA 29 CFR §1910.130, *Occupational Exposure to Bloodborne Pathogens*;~~
- ~~14. Compliance with *R.I. Pre-Hospital Care Protocols and Standing Orders* [Reference 6] as well as other Department directives;~~
- ~~15. Maintenance of mechanical and biomedical equipment and devices in accordance with manufacturers' recommendations;~~
- ~~16. Acquisition, security and disposal of controlled substances and other drugs in accordance with applicable federal and state regulations.~~
- ~~17. Resolution of internal and external complaints;~~
- ~~18. Media relations.~~

~~12.3 All service policies and procedures shall be compliant with the National Incident Management System (NIMS).~~

~~***Diversion Plan -- Disaster Planning and Response***~~

~~12.4 EMS departments and services shall maintain participation in and compliance with the *Rhode Island Diversion Plan* [Reference 6]. Such compliance shall include retaining all required communication devices (e.g., Nextel system) in good operating condition and training of an adequate number of staff in the use of communication equipment as it relates to disaster planning/response and the proper execution of the *Diversion Plan*.~~

~~Restocking of Ambulance Supplies~~

- ~~12.5 Pursuant to §23-4.1-7.1 of the Act, every hospital licensed in accordance with RIGL Chapter 23-17 is required to restock supplies listed by the Director that are used by a licensed emergency medical services provider in transporting emergency patients to such hospital.~~
- ~~12.6 Restocking will not be required:~~
- ~~(i) in the absence of documentation of supply usage on the emergency patient's R.I. EMS ambulance run report or~~
 - ~~(ii) if the licensed emergency medical services provider bills any third party payer for the supplies that were used.~~
- ~~12.7 The listing of supplies that are subject to mandatory restocking in accordance with §12.5 of these Regulations is available online: <http://www.health.ri.gov/> or by contacting:~~
- ~~Rhode Island Department of Health, Emergency Medical Services
3 Capitol Hill, Room 105
Providence, RI 02908
401-222-2401~~

~~Reporting System~~

- ~~12.8 Each ambulance service shall establish and maintain records and data in such a manner as to make uniform the system of ongoing and/or periodic reporting. The manner in which the requirements of this regulation may be met shall be prescribed in directives promulgated by the Department.~~
- ~~12.9 **Records and Reports:** Each ambulance service shall be responsible to maintain appropriate personnel and administrative records and necessary reports, stored in a safe fireproof and waterproof area, and accessible for review by the Department upon request. Such records and reports shall include no less than those items identified in §12.10 and §12.11 of these Regulations.~~
- ~~12.10 Personnel records maintained for each EMT employee including evidence of training and qualifications and current licensure.~~
- ~~12.11 Ambulance record for each vehicle licensed with list of equipment, and other essential data.~~

~~Run Reports~~

- ~~12.12 Department approved Run Reports of all emergency calls with such data as the nature of the call, disposition of patient, emergency care administered and such other data as may be deemed necessary by the Department;~~
- ~~12.13 Copies of all Run Reports generated by a service for each month are to be submitted to the Department by the 15th day of the following month; and~~
- ~~12.14 A copy of the completed ambulance run report pertinent to each patient transported to a hospital emergency facility shall be left with the designated representative of the receiving~~

~~facility who shall sign the report upon receipt of the patient. A copy of the ambulance run report shall be retained by the receiving hospital and a copy retained by the ambulance service.~~

~~12.15 All run reports either original or accurate reproductions shall be preserved for a minimum of five (5) years following transport of the patient in accordance with RIGL §23-3-26. Records of minors shall be kept for at least five (5) years after such minor shall have reached the age of eighteen (18) years.~~

~~12.16 **Personnel:** All emergency medical technicians providing services shall be licensed in accordance with the requirements of Part II of these Regulations. Each class of ambulance shall be staffed by EMTs in accordance with the level of emergency medical services provided:~~

~~(a) **Advanced Life Support Vehicles** (Class A-1 Ambulances) shall be staffed at all times when providing patient care, by no less than one EMT-C or one (1) EMT-P in addition to an EMT-I, EMT-C, EMT-P or an EMT-B. An EMT-C or EMT-P shall remain with the patient while providing advanced life support measures as may be required during transportation; Class A-1A ambulances shall be staffed as above when providing ALS services.~~

~~(b) **Basic Life Support Vehicles** (Class A-2 Ambulances) shall be staffed when providing patient care, by no less than two (2) EMT-Bs, one of whom may be the driver, the other to remain with the patient during transport; Class A-1A ambulances shall be staffed as above when providing BLS services.~~

~~(i) Notwithstanding the provisions of these Regulations, a non-profit volunteer ambulance rescue service or volunteer fire department shall not be required to have two (2) or more licensed emergency medical technicians manning ambulance or rescue vehicles pursuant to RIGL §23-1-1. However, said ambulance or rescue vehicles must be staffed by no less than one EMT-B, who shall remain with the patient during transport.~~

~~(c) Class C-1 ambulances shall be staffed when providing patient care by no less than one (1) EMT-C or one (1) EMT-P.~~

~~(d) Class C-1A ambulances shall be staffed when providing advanced life support patient care by no less than one (1) EMT-C or one (1) EMT-P. Class C-1A ambulances shall be staffed when providing basic life support patient care by no less than one (1) EMT-B.~~

~~(e) Class C-2 Ambulances shall be staffed when providing patient care by no less than one (1) EMT-B.~~

~~(f) Nothing in §12.16 of these Regulations shall limit the use of mutual aid/mutual assistance as defined in these Regulations to assure compliance with the staffing requirements stated in these Regulations.~~

~~12.17 Class D-1 and E-1 air medical aircraft shall be staffed at all times by air medical personnel per CAMTS specifications appropriate to the scope of care of the air medical mission. Per CAMTS specification, the air medical missions include, but are not limited to:~~

- ~~(a) **Critical Care:** a critical care mission is defined as the transport of a patient from an emergency department or critical care unit (or scene, rotor wing) who receives care commensurate with the scope of practice of a physician or registered nurse.~~
- ~~(b) **Advanced Life Support:** an advanced life support mission (ALS) is defined as the transport of a patient who receives care during an interfacility transport or scene response commensurate with the scope of practice of an EMT Paramedic.~~
- ~~(c) **Basic Life Support:** a basic life support (BLS) mission is defined as the transport of a patient who receives care during an interfacility or scene response that is commensurate with the scope of practice of an Emergency Medical Technician Ambulance/Basic (B).~~
- ~~(d) **Specialty Care:** a specialty care mission is defined as the transport of a patient requiring specialty patient care by one (1) or more professionals who can be added to the regularly scheduled air medical team. Dedicated teams providing specialty oriented care (e.g., neonatal transport teams, IABP transport teams) must follow the Critical Care mission standards.~~

~~12.18 **Communications:** Each ambulance shall have a mechanism for two way communication system based on its classification as follows:~~

- ~~(a) Every ambulance shall have at a minimum a two way voice communications system between the vehicle and its dispatcher.~~
- ~~(b) Every Class A-1, Class A-1A, Class C-1, C-1A and Class A-2 Ambulance shall have a two way voice communications system between the vehicle and a hospital emergency department.~~
- ~~(c) Every Class D-1 and E-1 air medical aircraft shall have a two way voice communications system capable of transmitting and receiving:~~
 - ~~(1) Medical direction;~~
 - ~~(2) Flight operations center;~~
 - ~~(3) Air traffic control;~~
 - ~~(4) EMS and law enforcement agencies.~~
- ~~(d) The pilot must be able to control and override radio transmissions from the cockpit in the event of an emergency situation.~~
- ~~(e) Air medical team must be able to communicate with each other during flight.~~
- ~~(f) The aircraft must be equipped with a functioning emergency locator transmitter (ELT) in compliance with the applicable FARs.~~

~~12.19 **Registry of Motor Vehicles Inspection Sticker and Registration:** Each ambulance shall hold a current state Registry of Motor Vehicles Registration and Inspection Sticker, issued by the Rhode Island Department of Transportation, as appropriate, and any other safety inspection stickers as may be required by law.~~

- ~~12.20 **Flashing Warning Lights and Sirens:** Flashing or revolving warning lights and sirens shall not be used unless the ambulance is transporting an emergency patient or as may be necessary on the way to the scene of an emergency either critical or unknown.~~
- ~~12.21 **Safety Condition of Ambulances:** Each ambulance shall be maintained in good repair and in safe operating condition. Repairs shall be attended to promptly safeguard the health and welfare of the public and personnel.~~
- ~~12.22 **Sanitary Conditions:** Each ambulance service shall maintain the interior of the vehicle including equipment and supplies in sanitary conditions, free from hazards, contaminants and refuse. In addition:~~
- ~~(a) Sheets and pillow cases (linen or disposable) shall be changed after each use;~~
 - ~~(b) All linens shall be properly laundered;~~
 - ~~(c) All clean linen, equipment and supplies shall be properly stored in clean storage areas in each ambulance;~~
 - ~~(d) Soiled supplies shall be placed in covered containers or compartments, lined with plastic liners and handled in a sanitary manner to avoid contamination;~~
 - ~~(e) Pillows and mattresses shall have waterproof protective coverings, kept clean and in good condition and disinfected after each use;~~
 - ~~(f) Airway adjuncts, suction catheters, positive pressure demand type resuscitator masks and equipment (such as bedpans, urinals) shall be sterilized after each use, unless equipment is disposable;~~
 - ~~(g) Any licensed EMS provider who utilizes latex gloves shall do in accordance with the provisions of the *Rules and Regulations Pertaining to the Use of Latex Gloves by Health Care Workers, in Licensed Health Care Facilities, and by Other Persons, Firms, or Corporations Licensed or Registered by the Department* promulgated by the Department.~~
 - ~~(h) Gloves, masks, eye protection and any other such protective equipment as may be required by the *Ambulance Licensure & Inspection Manual* [Reference 4] shall be available on each vehicle in sufficient quantity to provide protection to a full crew.~~
 - ~~(i) When patients with known or suspected, contagious or communicable diseases are transported, the interior of the ambulance and all contact surfaces must be thoroughly cleansed and disinfected according to the written policies and procedures of the ambulance service.~~
- ~~12.23 **Equipment:** Ambulances shall be equipped with no less than the equipment and materials, as specified for each ambulance classification in the current *Ambulance Licensure & Inspection Manual* [Reference 4] issued by the Department.~~
- ~~12.24 Vehicles licensed as BLS vehicles shall not carry supplies or equipment for ALS measures such as defibrillators, drug boxes, intravenous equipment, etc. unless the use of such equipment is in conjunction with a Class C-1 or C-1A ambulance. No vehicle shall carry equipment, medications, or supplies peculiar to procedures not permitted under current protocols.~~

~~12.25 Licensed ambulance services may at their discretion request that a vehicle be designated as a "Reserve" vehicle. In such case the vehicle shall be inspected for compliance with requirements regarding proper DOT registration and inspection and for general conditions of safety and cleanliness. A listing of all required equipment not on board at the time of inspection shall be maintained on the vehicle and such equipment shall be placed on the vehicle in the event that it is placed into service.~~

~~***Class D-1, E-1 Ambulances***~~

~~12.26 Class D-1 and E-1 air medical aircraft shall be equipped at all times per CAMTS specifications appropriate to the scope of care of the medical mission.~~

~~***Quality Assurance Program***~~

~~12.27 Each licensed emergency medical services provider, under the responsibility of its chief executive officer, shall conduct a quality assurance program, and review it at least quarterly, to assess, monitor, and evaluate the quality of patient care as follows:~~

~~12.28 The quality assurance program shall evaluate patient care and personnel performance for compliance with the current standards of practice as set forth in the *Rhode Island Prehospital Cares and Standing Orders* [Reference 6], applicable regulations, and standards of EMT practice, and/or such monitoring and evaluations as directed by the Department.~~

~~12.29 The results of said quality assurance program shall be reviewed with the emergency medical service personnel and reported to the Department, upon request.~~

~~12.30 Documentation for the quality assurance program and review shall include the following:~~

- ~~(a) The criteria used to select audited runs;~~
- ~~(b) Ambulance Run Report review;~~
- ~~(c) Problem identification and resolution;~~
- ~~(d) Investigation of complaints or incident reports;~~
- ~~(e) A mechanism for feedback from hospital personnel receiving patients;~~
- ~~(f) Date of review;~~
- ~~(g) Attendance at the review;~~
- ~~(h) A summary of the review discussion.~~

~~12.31 The quality assurance program and review shall be conducted under the direction of one (1) of the following:~~

- ~~(a) A qualified emergency medical services provider physician medical director approved by the Department;~~
- ~~(b) An emergency department committee that is supervised by a qualified physician medical director approved by the Department. An emergency medical services provider representative shall serve as a member on the committee.~~

- ~~(c) A committee established by the emergency medical services provider and approved by the Department. The committee shall include at least one (1) EMT member licensed at or above the level of care under review.~~

Peer Review Boards

- ~~12.32 The proceedings and associated records of peer review boards shall not be subject to discovery or be admissible in evidence in any case except litigation arising out of the imposition of sanctions upon a emergency medical technician. However, any imposition or notice of a restriction of privileges, or a requirement of supervision imposed on an emergency medical technician for failure to comply with the provisions or standards of the Act, and any regulations herein, shall be subject to discovery and be admissible in any proceeding against the emergency medical technician for performing, or against any licensed emergency medical service which allows the emergency medical technician to perform, the procedures which are the subject of the restriction or supervision during the period of the restriction or supervision, or subsequent to that period.~~
- ~~12.33 Nothing contained in §12.32 through §12.36 of these Regulations shall apply to records made in the regular course of business by an emergency medical service or other provider of health care information. Documents or records otherwise available from original sources are not to be construed as immune from discovery or use in any civil proceedings merely because they were presented during the proceedings of the committee.~~
- ~~12.34 There shall be no monetary liability on the part of, and no cause of action for damages shall arise, against any member of a duly appointed peer review board operated pursuant to written bylaws, for any act or proceeding undertaken or performed within the scope of the functions of any peer review board.~~
- ~~12.35 There shall be no monetary liability on the part of, and no cause of action for damages shall arise against, any person on account of the communication of information to any peer review board or the Department or the Ambulance Service Advisory Board, when the communication is intended to aid in the evaluation of the qualifications, fitness, or character of an emergency medical technician, and does not represent as true any matter not reasonably believed to be true.~~
- ~~12.36 Any peer review processes authorized by statute and carried out in good faith shall have the benefit of the state action exemption to the state antitrust law.~~

Reporting of Service Events and Incidents

Reportable Events

- ~~12.37 Each licensed service shall file a written report with the Department within five (5) business days of the following reportable events involving its service, personnel or property:~~
- ~~(1) fire affecting an EMS vehicle or service place of business;~~
 - ~~(2) theft of an EMS vehicle; or~~

- ~~(3) any case in which a licensed ambulance is involved in an accident involving personal injury or property damage in excess of five hundred dollars (\$500.00) and in which a report is required under the provisions of RIGL §31-26-6.~~

~~12.38 Each licensed service shall file a written report with the Department within seventy-two (72) hours of the following reportable events involving its service, personnel or property:~~

- ~~(1) Kidnapping or elopement of a patient, with the report to the Department to include: service run/incident number, date and circumstances of the kidnapping/elopement, and outcome (return of patient, adverse effects, etc.)~~
- ~~(2) Delay of its ambulance and its EMTs by thirty (30) minutes or longer from the time they arrive at an appropriate receiving healthcare facility until they transfer patient care responsibility to facility personnel at an equal or higher level of training as the EMTs caring for the patient.~~

~~12.39 Each licensed service shall provide the Department with prompt notice of pending and actual labor disputes/actions which would impact delivery of EMS services including, but not limited to, strikes, walk outs, and strike notices. Services shall provide a plan, acceptable to the Department, for continued operation of the service, suspension of operations, or closure in the event of such actual or potential labor dispute/action.~~

~~***Reportable Incidents***~~

~~12.40 Each licensed service shall file a written report with the Department within five (5) days of the following reportable incidents involving its service, personnel or property, that result in serious injury or illness to a patient not ordinarily expected as a result of the patient's condition to include, but are not limited to, the following:~~

- ~~(1) Medication errors resulting in serious injury or illness;~~
- ~~(2) Failure to provide treatment in accordance with the *Rhode Island Prehospital Care Protocols and Standing Orders* [Reference 6] resulting in serious injury or illness; or major medical or communications device failure, or other equipment failure or user error resulting in serious injury or illness or delay in response and treatment.~~

~~***Design and Construction of Ambulances:***~~

~~***Class A-1, Class A-1A and Class A-2 Ambulances***~~

~~12.41 All newly manufactured Class A Ambulances, when purchased, must conform to the U.S. Department of Transportation approved General Services Administration ambulance design and construction specification KKK A 1822A, dated April 1, 1980, and any amendments thereto current as of the date of manufacture except those pertaining to paint colors and markings. Exemption from this requirement will be considered by the Department upon submission of a written request, pursuant to the provisions of §15.0 of these Regulations.~~

~~Class C Ambulances~~

~~12.42 Class C ambulances shall be equipped with:~~

- ~~(i) A warning device audible five hundred feet (500 ft.) to the front; mechanical siren or electric penetrating units;~~
- ~~(ii) Flashing warning roof lights.~~

~~12.43 Class C Ambulances should be designed to adequately house required medical equipment and supplies;~~

~~Class D-1, E-1 Ambulances~~

~~12.44 **Medical configuration of the aircraft:** any inservice aircraft shall have an internal medical configuration that is installed according to FAA criteria and in such a way that the air medical personnel can provide patient care consistent with the air medical mission and scope of care of the air medical service.~~

~~Temporary Waiver:~~

~~12.45 In an emergency situation (civil or natural disaster), the foregoing requirements pertaining to staffing and equipment (see § 12.16 through § 12.26 of these Regulations) may be temporarily waived in order for the service to respond to the emergency situation, provided however, a report shall be promptly submitted to the Department.~~

~~Section 13.0 Immunity From Liability~~

~~13.1 In accordance with § 23-4.1-12 of the Act, no person, licensed and authorized pursuant to the Act or these Regulations shall be liable for any civil damages for any act or omission in connection with emergency medical services (EMS) training or in connection with services rendered outside a hospital, unless the act or omission is inconsistent with the level and scope of the person's training and experience and unless the act or omission was the result of gross negligence or willful misconduct.~~

~~13.2 No agency, organization, institution, corporation, or entity of state or local government that sponsors, authorizes, supports, finances, or supervises the functions of emergency medical services personnel licensed and authorized pursuant to the Act, including advanced life support personnel, shall be liable for any civil damages for any act or omission in connection with sponsorship, authorization, support, finance, or supervision of those emergency medical services personnel, where the act or omission occurs in connection with EMS training or with services rendered outside a hospital, unless the act or omission is inconsistent with the level and scope of the training of the emergency medical services personnel and unless the act or omission was the result of gross negligence or willful misconduct.~~

~~13.3 No principal, agent, contractor, employee, or representative of an agency, organization, institution, corporation, or entity of state or local government that sponsors, authorizes, supports, finances, or supervises any functions of emergency medical services personnel licensed and authorized pursuant to the Act, or the rules and regulations herein, including~~

~~advanced life support personnel, shall be liable for any civil damages for any act or omission in connection with such sponsorship, authorization, support, finance, or supervision of those emergency medical services personnel, where the act or omission occurs in connection with EMS training, or occurs outside a hospital, unless the act or omission is inconsistent with the level and scope of the training of the emergency medical services personnel and unless the act or omission was the result of gross negligence or willful misconduct.~~

- ~~13.4 No physician, who in good faith arranges for, requests, recommends, or initiates the transfer of a patient from a hospital to a critical medical care facility in another hospital, shall be liable for any civil damages as a result of the transfer, where sound medical judgment indicates that the patient's medical condition is beyond the care capability currently available in the transferring hospital or the medical community in which that hospital is located and where a prior agreement exists from the transferee facility to accept and render necessary treatment to such patients.~~
- ~~13.5 Any municipal, fire district, or state firefighter, paramedic or emergency medical technician who, in good faith, without the expectation of monetary or other compensation from the person aided or treated, renders first aid, emergency treatment, rescue assistance or transport services to a person at the scene of an accident, fire, or in any other emergency situation, or en route therefrom to any hospital, medical clinic or doctor's office, shall not be liable for any civil damages for acts or omissions resulting from the rendering of such care, treatment or assistance.~~
- ~~13.6 The individual immunity granted herein shall apply to members or employees of governmental ambulance, rescue or emergency units, whether or not a user or service fee may be charged by the governmental entity and whether or not the members or employees receive salaries or other compensation from the governmental entity.~~
- ~~13.7 The immunity granted herein shall also extend to any city, town or fire district engaged in rendering emergency aid.~~
- ~~13.8 §13.0 of these Regulations shall not be construed to provide immunity to a person or entity causing any damage by his willful, wanton or reckless acts or omissions.~~

~~PART IV Revocation of License, Practices and Procedures and Severability~~

~~Section 14.0 Revocation of License~~

- ~~14.1 The Director may deny an application for a license, revoke or suspend any license granted under the provisions of the Act and the rules and regulations herein for cause. "Cause" shall include, but not be limited to, the following when proof that a licensee:~~
- ~~(a) is guilty of fraud or deceit in procuring or attempting to procure a license;~~
 - ~~(b) is unfit or incompetent by reason of negligence, habits or other cause;~~
 - ~~(c) is impaired by the use of alcohol or addicted to drugs;~~
 - ~~(d) is mentally incompetent;~~
 - ~~(e) is guilty of unprofessional conduct which includes failure to adhere to all the provisions herein, including failure to adhere to the current guidelines and protocols referred to in these regulations and/or failure to maintain standards of EMT practice;~~
 - ~~(f) has aided, abetted or permitted any illegal act or conduct adverse to health, welfare and safety of the public;~~
 - ~~(g) has violated any federal, state or local law;~~
 - ~~(h) has performed emergency medical skills beyond the level of preparation for which licensed;~~
 - ~~(i) has attempted to impede the work of a duly authorized representative of the Department or the lawful enforcement of any statutory or regulatory provision contained in these Regulations;~~
 - ~~(j) has failed to comply with the statutory and regulatory provisions contained in these Regulations.~~
- ~~14.2 Whenever an action shall be proposed by the Director to deny an application for license, or suspend or revoke a license, the Director shall give the person notice of the particular charge of violation against him/her. In the case of a deficiency or deficiencies which may be corrected by action on the part of the licensee, the Director shall afford the licensee the opportunity to make said corrections. If the licensee fails to correct the deficiencies charged against him/her or fails to comply with the Act or these Regulations, to the satisfaction of the Director within a reasonable time, the Director, shall notify the licensee of the charges against him/her and the time and place of the hearing which shall be set within a reasonable time period.~~
- ~~14.3 Appeal from a decision of the Director may be taken pursuant to the provisions of RIGL Chapter 42-35 and the rules governing practices and procedures contained in §16.0 of these Regulations.~~

~~Section 15.0~~ ***Variance Procedure***

- ~~15.1 The Department may grant a variance either upon its own motion or upon request of the applicant from the provisions of any of these Regulation, if it finds in specific cases, that a literal enforcement of such provision will result in unnecessary hardship to the applicant and that such a variance will not be contrary to the public interest, public health and/or health and safety of the public. The provisions of §15.0 of these Regulations shall not be applicable to the requirements of §§ 4.0, 5.0, 6.0, and 7.0 of these Regulations pertaining to qualifications for licensure and renewal of licenses.~~
- ~~15.2 A request for a variance shall be filed by an applicant in writing, setting forth in detail the basis upon which the request is made.~~
- ~~15.3 Upon filing of each request for variance with the Department and within a reasonable time thereafter, the Department shall notify the applicant by certified mail of its approval or denial. A hearing date, time and place may be scheduled if the licensee appeals the denial. Such hearing shall be held in accordance with the provisions of §16.1 of these Regulations.~~

~~Section 16.0~~ ***Rules Governing Practices and Procedures***

- ~~16.1 All hearings and reviews required under the provisions of RIGL Chapter 23-17.6 and the Act shall be held in accordance with the provisions of the *Rules and Regulations Pertaining to Practices and Procedures Before the Rhode Island Department of Health (R42-35 PP)* [Reference 7].~~

~~Section 17.0~~ ***Severability***

- ~~17.1 If any provision of these Regulations or the application to any person or circumstance shall be held invalid, such invalidity shall not affect the provisions or application of these Regulations which can be given effect, and to this end the provisions of these Regulations are declared to be severable.~~

REFERENCES

1. ~~Accreditation Standards of the Commission on Accreditation of Medical Transport System (CAMTS), 9th Edition~~, Available online:
~~http://camtsshelley.homestead.com/04FINAL_9th_EditionStds_9_5_12.pdf~~
2. ~~Curricula & Standards for Rhode Island EMT Training Programs~~, Rhode Island Department of Health, December 2007. Available online:
~~<http://www.health.ri.gov/publications/curricula/EMTTrainingCourses.pdf>~~
3. ~~Rhode Island Diversion Plan~~, Rhode Island Department of Health, March 1, 2004 and subsequent amendments thereto.
4. ~~Ambulance Licensure & Inspection Manual~~, Rhode Island Department of Health, Emergency Medical Services, August 2011. Available online:
~~<http://www.health.ri.gov/publications/manuals/AmbulanceLicensureAndInspection.pdf>~~
5. ~~Rules and Regulations Related to Pain Assessment (R5-37.6-PAIN)~~, Rhode Island Department of Health, May 2003.
6. ~~State of Rhode Island Prehospital Care Protocols and Standing Orders~~, Rhode Island Department of Health, January 2013. Available online:
~~http://www.health.ri.gov/publications/protocols/EMSProtocols_Aug2011_12013.pdf~~
7. ~~Rules and Regulations Pertaining to Practices and Procedures Before the Rhode Island Department of Health (R42-35-PP)~~, Rhode Island Department of Health, July 2013.
8. ~~CDC. Recommendations of the Advisory Committee on Immunizations on Immunization Practices (ACIP)~~. MMWR, 2011; 60(No. RR 2): 1-61. Available online:
~~<http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>~~
9. ~~CDC. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP)~~. MMWR, 2011; 60(No. RR 7): 1-46. Available online:
~~www.cdc.gov/mmwr/pdf/rr/rr6007.pdf~~

~~The revision dates of all regulations cited above were current when these amended regulations were filed with the Secretary of State. Current copies of all regulations issued by the RI Department of Health may be downloaded at no charge from the RI Secretary of State's Final Rules and Regulations Database website: <http://www.sos.ri.gov/rules/>~~